

“Staying the course”: factors influencing pre-registration nursing student progression into Year 2

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Glossary

| | |
|-------------------------|--|
| Continuing students: | students currently registered and continuing on their course of study |
| Exited students: | students who chose to leave the programme |
| Discontinued students: | students who were asked to leave owing to academic failure, disciplinary procedure or other reason |
| Withdrawn: | an umbrella term that covers both exited and discontinued students |
| Intercalating students: | students who, for many reasons, have chosen to suspend their studies temporarily |

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Executive Summary

Background

The retention of student nurses presents an enormous challenge to Higher Education Institutions (HEIs) and health communities, and is an international issue causing concern in many parts of the developed world (Buchan 2006). In the UK, nursing student attrition has become a major issue, despite having one of the lowest general drop-out rates in the developed world (Hall 2001), with only around 15% of students failing to graduate with an award (National Audit Office 2007). Some of the most recent officially declared drop-out rates for the UK in nursing are 24% (Scotland), 16% (England) 9% (Wales) and 6% (N Ireland) (Buchan and Seccombe 2006, Nursing Standard 2006).

Aim

The principal aim of the project was to map student entry characteristics against Year 1 progression data for five cohorts of pre-registration nursing students to identify factors affecting progression.

Method

The study used a longitudinal retrospective cohort design. Nursing students included in the study were from the September 2006, February 2007, September 2007, February 2008 and September 2008 cohorts.

Data were collected through three principal means. Demographic data were collected via the central University AIS (Academic Information System). Quantitative and qualitative information on retention issues was collected via a questionnaire. Hand-held files in the Faculty were accessed to collect information on previous experience of caring and dependents.

SPSS [v16] was used to analyse the quantitative data to identify any correlation between student characteristics and progression rates. NVivo [v8] was used to identify key themes from the qualitative data.

Results

Analysis of the AIS data showed statistically significant findings in relation to Age on Entry, Dependents and Domicile. As Age on Entry increases, likelihood of progression increases. Those with Dependents were more likely to progress than those without. As for Domicile, those students who live locally at all times, or those that live non-locally at all times are more likely to progress than those students who live locally only during term time. Trends from the data showed that Previous Experience of Caring increased likelihood of progression; Entry Qualifications appeared to make little difference to progression rates.

19.2% (n=15) of withdrawn students returned their questionnaires. They reported leaving the course for a number of reasons: personal reasons, placement issues, career choice, academic issues and financial problems. The majority of students reported positively on the support they had received whilst on the course.

32.4% (n=195) of continuing students returned their questionnaires. Over half (52.8%) had considered leaving the programme. Continuing students who had considered leaving were more likely to agree with the statement 'I have struggled financially' than

those who had not considered leaving. Students reported that the programme was not 'family friendly'. Support received was an important factor in the students' overall learning experience and was perceived by some students positively, although some reported negative views.

Discussion of results

This study found that some factors are positively correlated with better progression (older students, those with dependents, those residing at the same address at all times, and previous experience of caring) but the majority of factors are not significant (entry qualifications, gender, ethnicity, disability). However, since over half of continuing students had considered leaving, it is not appropriate simply to try to identify 'at-risk' students. Instead, a model has emerged that comprises factors that act as either 'push' or 'pull' factors in terms of student progression and/or withdrawal. Push factors from the course included financial difficulties, the inability of the course to accommodate family commitments, and poor support services and mechanisms. Pull factors to the course included the 'desire to be a nurse' and support from staff, family and friends/peers.

The factors influencing retention are multi-factorial, inter-related and are influenced and exacerbated by internal as well as external factors. Some personal and external factors cannot be either predicted or mitigated against. Indeed some attrition is to be expected as a sign of robust monitoring and quality academic and professional standards. Student satisfaction within the Faculty is very high as evidenced by the recent NSS survey results (NSS 2009) however the study has identified some key areas for action which have implications locally for the Faculty and also have relevance for other HEI's responsible for the delivery of pre-registration nursing programmes across the region. The findings of this study are being directly fed into the curriculum/programme development and revalidation in preparation for all graduate entry. A significant amount of work has already been undertaken since the last review in 2008 and a number of actions in response to these recommendations are currently on-going. A more detailed explanation of current action can be found on pages 39-41.

Recommendations

Recommendation One: HEIs delivering nurse education programmes should not attempt to 'profile' students in such a way that focuses on the identification of 'high-risk' or 'most-at-risk' characteristics. It should be understood that all students are potentially at risk of disengaging from the programme. Instead, HEIs should put in place infrastructure, teaching, learning, assessment and support mechanisms that meet the needs of **all** students and remain responsive to an increasingly diverse and changing student body.

Recommendation Two: Education and commissioning organisations should recognise the significance of financial difficulties as an underlying cause of students choosing to exit from their programmes of study. HEIs and education commissioners must avoid making organisational financial savings through imposing additional costs on students.

Recommendation Three: Steps should be taken – where possible – to develop and deliver programmes and curricula that are more flexible and can accommodate family commitments. In addition to solutions such as part-time programmes, HEIs should also

consider simple adjustments to programmes to help students with family commitments and responsibilities where timetabling constraints allow (e.g. starting lectures at 9.30 rather than 9.15).

Recommendation Four: Academic, Personal and Clinical Support structures for students should be robust, transparent and consistent in order that there is equity of experience for all students. Individual responsibility and accountability of staff (supported by staff training and development) should underpin this approach.

Recommendation Four (a): Students should have clear guidelines on how to address and report bad practice in clinical practice, and should feel supported when doing so.

Recommendation Four (b): Standards and processes for academic and personal supervision should be clear, and students should have the means to raise concerns if necessary.

Recommendation Four (c): Any student who fails either of the Year 1, Semester 1 modules (Introduction to Nursing and Midwifery Studies and/or Foundations for Practice) should be required to see their personal supervisor as soon as possible. The personal supervisor must ensure that the student is then 'fast-tracked' to relevant support (academic, pastoral or otherwise) to prevent repeated failure.

Recommendation Five: HEIs should seek to instil a sense of 'belonging' within their programmes, with peer support enhanced through student groups and mentoring schemes. Peer support is an important 'pull factor' and needs to be capitalised upon and embedded, particularly into induction and throughout the 1st year programme. This is particularly important for all students who need to re-engage with the programme and peers following a period of intercalation.

Recommendation Six: Nursing curricula should emphasise content that embeds the philosophy and values of nursing in students from an early stage and continues to build on this throughout the programme. 'Desire to be a nurse' is a significant 'pull factor' and this should be capitalised upon within the programme and used in marketing and recruitment. This is also relevant to exploring motivation towards a career in nursing during selection processes.

Recommendation Seven: HEIs should have easy access to a core dataset for **all** their students. This dataset will allow for both ongoing and retrospective analysis of student retention patterns.

Recommendation Eight: HEIs must have clear policies for responding to and analysing student exits. All exiting students should be encouraged to have an exit interview and/or complete a withdrawal form and the data from these retained for audit and analysis purposes. If no exit interview or withdrawal form is completed, then this should be documented on the student records system, and the student followed up via telephone. All HEI's should produce an annual report on retention (in addition to regular reporting of retention figures), highlighting reasons for attrition, lessons learnt from student feedback, and an action plan to mitigate against this.

Background

The retention of student nurses presents an enormous challenge to Higher Education Institutions and health communities, and is an international issue causing concern in many parts of the developed world (Buchan 2006). In the UK, nursing student attrition has become a major issue, despite having one of the lowest general drop-out rates in the developed world (Hall 2001), with only around 15% of students failing to graduate with an award (National Audit Office 2007). Some of the most recent officially declared drop-out rates for the UK in nursing are 24% (Scotland), 16% (England) 9% (Wales) and 6% (N Ireland) (Buchan and Seccombe 2006, Nursing Standard 2006). Although these figures do not seem particularly high, there are concerns that these figures are inaccurate. The RCN claim that the 16% cited for England is simply a snapshot of diploma students over just one academic year (Nursing Standard 2006a, 2006b, 2006c). As such, the Nursing Standard proceeded to survey all 83 UK HE institutions offering pre-registration nursing education, and estimated the drop-out rate to be closer to 25% (Nursing Standard 2006a).

The differences in these figures owe much to the fact that for a long time there has been no standardised measure or definition of attrition. Until 2007, Nursing and Midwifery Admissions Service (NMAS) reported figures on the numbers of students applying to courses and the number of graduates (NMAS 2007). The Department of Health implemented a definition in 2007 based on the numbers who successfully complete their programme of study (Department of Health 2006). This has now been embedded into mainstream higher education admission processes.

Financially, the cost of attrition is high. According to the Department of Health it costs £40,225 to train a diploma student and £28,410 for a degree student (Kendall-Raynor 2007). Thus, student attrition has a financial impact - in the UK it is said to cost £57million per year (Nursing Standard 2006), although another source claims that the cost to taxpayers could run as high as £100million (Smith 2008).

A significant amount of research has been conducted in the area of nursing student attrition (Anionwu et al 2005, Deary et al 2003, Last and Fulbrook 2003, Walsh 2007). There is evidence that most students who leave a programme will do so in the first year (Waters 2006a, Yorke et al 1997). Andrew (2008) looked at students who exited in their first year, and found that there were distinct differences between those who left in Semester 1 and those in Semester 2. Students who left in Semester 1 were generally unprepared for University, had strong competing roles outside university and developed a strong dislike for the course. Students who left in Semester 2 would have preferred to stay on but events led to a crisis where they could no longer cope with university studies. These students hoped to return to nursing, whereas students leaving in Semester 1 were less likely to consider this (Andrew 2008).

So what makes students leave a pre-registration nursing programme? The research studies that have looked at this particular question have identified a number of factors. However, there are some areas of commonality and these include:

- i. Academic failure

Last and Fulbrook (2003) found that academic failure was the only single contributing factor in a student's decision to leave – other than academic failure,

a number of other factors worked in tandem to force such a decision. Glossop (2001) identified academic difficulties as the second most common reason for leaving a nursing programme. Anionwu et al (2005), in their study, of the 1808 students on a pre-registration nursing course between 1999 and 2001, 21% did not complete the course. Of these 61% withdrew of their own accord and 39% failed on academic grounds.

- ii. Age
There is some evidence to support the notion that older students (i.e. age at entry) are more likely to complete than younger students (Anionwu et al 2005, Department of Health 2006a, Houltram 1996, Kevern 1999), with mature students being more likely to make an informed and committed career choice than their younger peers (Kevern and Webb 2004). However, Yorke et al (2000) reported that HEFCE data showed that non-completion was considerably higher where the proportion of mature students was higher.
- iii. Branch of nursing
The Department of Health (2006a) identified that students opting for the Child branch were more likely to exit the course than students in other branches. However, Anionwu et al (2005) found that branch of nursing was not a factor in student outcome.
- iv. Childcare issues
The RCN argue that lack of suitable childcare support is a factor in attrition (Waters 2006a, b).
- v. Country of origin/ethnicity
Anionwu et al (2005) found that students born abroad (English speaking countries) were more likely to complete than those born in the UK. Students born abroad (non-English speaking countries) were indistinguishable from UK born students. The Department of Health found that black/minority ethnic students more likely to complete than white students (2006a).
- vi. Course/institution issues
The Department of Health (2006a) found that students who were not at their first choice institution – for example, those who had gained a University place via clearing – were more likely to leave the course. In addition, there is evidence that students withdraw from programmes due to incorrect course selection (Andrew et al, 2008). Feelings of unmet expectations, coupled with feeling under-valued have also been identified in the decision to leave (Last and Fulbrook 2003).
- vii. Disability/widening participation
Horn and Bobbitt (1999) found that students with a declared disability were less likely to complete their studies than their peers without a disability – 53% compared to 64%. However, they also identified that those students with a disability were more likely to have other attributes associated with lower rates of persistence and degree attainment. These included being older, being more likely to have delayed their postsecondary education by a year or more and being more likely to have dependents other than a spouse.

- viii. **Entry qualification**
Students with minimum entry requirements are more likely to drop out (Department of Health 2006a, Houltram 1996, Kevern 1999, Wharrad 2003). In direct contrast, students entering the course with a degree level qualification were less likely to complete - but predominantly due to voluntary withdrawal rather than failing academically (Anionwu et al 2005). Prymachuk (2009) reported on the Department of Health's findings that those with eligible but non-standard entry requirements fare better than those with standard qualifications.
- ix. **Financial issues**
Personal and/or financial problems (Andrew et al, 2008, Waters 2006a, b) are likely to influence the decision to leave. Jeremy (2001) found that self-funding students are less likely to drop-out. Walsh (2007) in her study found that financial issues were the main cause of attrition.
- x. **Gender**
Anionwu et al (2005) found in their study of 1808 students that male students were less likely to complete than their female counterparts. An Australian study reported that in a purposive sample of 8 male nursing students who had left their course there was a tendency to feel isolated and excluded from an academic and clinical perspective (Stott 2007).
- xi. **Personal issues**
Personal issues were identified in Andrew et al's 2008 study as relevant to the decision to leave. Glossop (2001) identified personal and family difficulties as the most common reason for leaving a programme.
- xii. **Personality**
Deary (2003) found that students who were the least agreeable and the least conscientious were less likely to complete the programme. Stress has been linked to attrition; however, stress per se may not be the issue, rather the way an individual copes with that stress. Self-efficacy may play a role (Prymachuk et al 2009) and attitude to work and success could influence a decision. Tinto (1993) also highlighted the importance of support systems and 'community', theorising that a student may be more likely to stay on if (s)he develops relationships and a sense of belonging within the institution.
- xiii. **Placement experience**
Waters (2006a) reports on the RCN's findings that poor experiences in clinical settings can affect a student's decision to leave. Last and Fulbrook (2003) also found that communication and operational failings between the University and clinical setting were an issue. Prymachuk (2009) also found clinical experience to be a factor in attrition.
- xiv. **Programme type**
Waters (2006a, b) reported on the RCN's findings that students were more likely to leave degree programmes than diploma courses; this may be a reflection of the more generous financial support given to diploma students in England.

Whilst these are the key themes emerging from the evidence, it is likely that a combination of the above factors play a part in a student choosing to withdraw from a programme.

Despite this wealth of research, there is still some way to go to fully understanding the issues. The literature has identified some characteristics of 'at risk' students. However, the majority of this evidence relates to students in higher education generally rather than specifically to nursing and/or professional education (Thomas et al, 2001, Rhodes and Nevill, 2004, Smith, 2007). Previous studies have used ambiguous and/or inadequate categories (McSherry and Marland 1999). For example 'personal and family difficulties' which is open to interpretation and can cover a multiplicity of different factors such as health problems, childcare problems, or financial problems. Studies have also tended to use only voluntary exit interviews that may give minority or biased views (Prymachuk et al 2009). Reasons for leaving are complicated, inter-related and many students find it difficult to conceptualise their reasons for leaving and are unable to identify one particular precipitating cause (Deary et al 2003).

Prymachuk et al (2009) advocate that a more fruitful way to look at attrition is through a multi-factorial approach, i.e. to identify the factors associated with non-completion rather than looking for a specific reason for leaving. They also identify that it is useful to compare these findings with students who have completed to provide a 'test' set. Moseley (2008) also stated the importance of this in his study of 528 nursing students, split into a training set and a test set. Moseley reported that studies of attrition from nursing courses have tended to concentrate on causation, trying - largely unsuccessfully - to elicit what causes drop out. The problem may be more fruitfully cast in terms of predicting who is likely to drop out. The major problem in looking at causation is that for it to be demonstrable, a necessary condition is that students who drop out exhibit the posited causal factors, while students who do not drop out do not exhibit them.

However, in research this is rarely done, i.e. studies look at students who have withdrawn, but not those who have not; in other words, there is no control group. This can be overcome by studying both sets of students. Moseley found that the reasons given for withdrawing, or considering withdrawing, were financial, health and family problems - but these were also exhibited in the group that did not withdraw. Therefore, these may be contributing factors, but may not be ultimate causes of withdrawal. Students at risk can be helped - financial support, study skills - but the problem is to identify the students to whom assistance should be offered, and in advance of the signs becoming obvious. This means the problem is not one of causation, but of prediction. Results do not describe findings in terms of causal factors for withdrawal, but rather the success of the prediction measurement tool (Moseley 2008).

The Faculty of Health and Social Care, University of Hull

Within the Faculty of Health and Social Care (FHSC) at the University of Hull, there has been significant interest in - and some exploration of - the factors influencing continuation rates in nursing students (FHSC 2009). In 2006/7 and 2007/8, adult branch nursing under-recruited against target by approximately 20-30 students per year. This costs the FHSC approximately £350,000 per year. Attrition rates among adult branch nursing students have historically been up to 35% over the course of a programme, again incurring significant financial penalties (FHSC 2009).

Some attrition must be anticipated, and is a sign of robust systems for assessing academic ability and clinical competence. The faculty aim to demonstrate a year-on-year decrease in attrition rates from 2007/8 until 2010/11, with a long-term target of $\leq 20\%$ attrition per cohort. However, attrition is a key challenge to the faculty, and the factors influencing this are key to understanding this phenomenon.

Consequently, this project sought to examine these factors in more detail. The project focuses on student retention in the first-year of nursing programmes - generally accepted to be the period of highest risk for attrition (Department of Health 2006).

Method

Aims and objectives

The principal aim of the proposed project was to map student entry characteristics against continuation and attrition data for five cohorts of pre-registration nursing students.

The outcomes of this project demonstrate:

1. The range of student characteristics (academic and demographic) at entry to pre-registration nursing programmes.
2. Correlation (if any) between student characteristics at entry to programme and non-continuation.
3. A model for identifying at-risk students with recommendations for focused interventions.
4. Quantitative and qualitative data exploring the perspectives of student nurses on the threats to their continuation on programmes.

The study used a longitudinal retrospective cohort design. Nursing students included in the study were from the September 2006, February 2007, September 2007, February 2008 and September 2008 cohorts. Both quantitative and qualitative approaches were used. Use of more than one method (triangulation) increases chances of a research question being met (Field and Morse 1994). Triangulation also encourages confirmation and completeness (Begley 1996).

Data were collected through two principal means; firstly, quantitative data were collected on all five cohorts from the University's Academic Information System (AIS). Data included student number; cohort; branch; programme; gender; age at entry; progression status; ethnic origin/national identity; additional needs/disability; domicile; and highest entry qualification. Information on previous experience of caring and dependents was accessed via hand searches of student record files.

In addition, the project also sought to explore the students' own perspectives on retention. As such, a questionnaire was used to collect both quantitative and qualitative data. One version was distributed to withdrawn students [intercalating students were not included in the withdrawn statistics (see glossary on page 1 for definitions)]. A similar questionnaire was given to continuing students (those currently registered and continuing on their course of study).

Data Analysis and Interpretation

SPSS [v16] for Windows was used to analyse the quantitative data to identify any correlation between student characteristics and end of Year 1 progression rates. Intercalating students (n=34) were excluded from the analyses. The dependent variable Progression Outcome had 3 categories: 'Progressed at end of year', 'Intercalated', 'Discontinued (academic failure)' and 'Discontinued (not because of academic failure)'. The following were considered as independent variables: Cohort (Sept 06, Feb 07,

Sept 07, Feb 08, Sept 08), Programme (Advanced Diploma, BSc), Branch (Mental Health Nursing, Adult Nursing, Children's Nursing, Learning Disability Nursing), Gender (Female, Male), Age on Entry (in years), Ethnic Group (White, Black, Other), Disability (None, Dyslexia, Other Disability), Domicile (Non-local at all times, Local during term-time only, Local at all times as defined by postcode), Entry Qualifications (Level 2, Level 3, Level 4/5, Level 6), Previous Experience Caring (yes or no) and Dependents (yes or no). All independent variables except Age on Entry were cross tabulated against Progression Outcome. Chi-square tests for association were carried out, using exact p-values whenever necessary as a consequence of small expected cell counts. The distributions of Age on Entry for the four progression categories were compared by box plots and a one-way ANOVA of Age on Entry was performed. Only cases with data available for all independent variables (n=695) were used in the analyses. It should be noted that some of the categories for analysis contained small cell counts. As such, some radical recoding was required in order to perform meaningful statistical analysis.

NVivo [v8] was used to identify and organise the key themes from the qualitative data.

Sample

All pre-registration students from the selected cohorts were invited to be part of the AIS data study (with an opt-out option). 807 students met this criteria, however 78 had to be excluded as incomplete data was held for these students. Prior to analysis, 34 intercalating students were also removed because they did not fit into either the 'progressed' or 'discontinued' categories. This left a total of 695 valid cases for further analysis.

All withdrawn students were identified via AIS [students who were discontinued as a result of academic failure were excluded from the study]. All of the withdrawn students were sent a questionnaire asking about their reasons for withdrawal from the programme (Appendix 1). The questionnaire consisted of three fixed questions, two of these using the Likert Scale. On the questionnaires there were three open-ended questions, asking for further details of the respondent's experiences. An information sheet for withdrawn students explaining the purpose of the study and giving further details accompanied this questionnaire (Appendices 2 and 3), and a prepaid return envelope was also included. 78 questionnaires were sent out in April 2009. A follow-up letter was sent four weeks later to increase response rates. Students who were discontinued due to academic failure were not sent a questionnaire. They were however sent an information sheet with full details of the study.

Continuing students from the selected cohorts were approached during timetabled teaching sessions and asked to complete the questionnaire to explore their views on factors that may have influenced any decisions they made related to the continuation of their studies. The questionnaire was made available in hard copy (Appendix 4) and an information sheet and a prepaid return envelope were also provided (Appendix 5). A total of 594 students were handed a questionnaire in this way. Four weeks later a reminder letter and questionnaire were posted on E-bridge/Blackboard to increase response rates. This also ensured that students who were absent from the timetabled teaching sessions were also given the appropriate information.

Ethical considerations

Ethical approval was sought and obtained from the FHSC Ethics Committee. In accordance with good research governance, students were informed about the data being used as part of the study. They were reassured that all data was to be aggregated and anonymised. They were also informed about the opportunity to complete an online questionnaire. Students were informed that if they objected to their AIS data being used for this purpose, that they should contact the project administrator who would exclude them from the study.

In relation to the questionnaire (withdrawn and continuing students), completion and return of the questionnaire was seen as giving express consent for the data to be used as part of the study. This was made explicit in the accompanying information sheet.

Students who had already left their programme were contacted by mail and informed about the project. The letter informed them that if they had any objections, they should contact the project administrator, who would exclude them from the study.

All students (current or withdrawn) were given the option to contact the project administrator to withdraw from the study at any point.

Results

Quantitative (AIS/student files)

Multinomial logistic regression was used to model the dependent variable 'Progression Outcome' (at end of Year 1) with 3 principal categories ('Progressed at end of year', 'Discontinued (academic failure)', 'Discontinued (not because of academic failure)'), against a number of other variables (Cohort, Programme, Branch, Gender, Age on Entry, Ethnic Group, Disability, Domicile, Entry Qualifications, Previous Experience of Caring, Dependents).

Firstly, general progression rates across the three categories for all cohorts are reported below:

| | | Progression Categories | | | |
|---------|-----------------|---------------------------|-------------------------------------|---------------------------------|----------------|
| | | Progressed at end of year | Discontinued (not academic failure) | Discontinued (academic failure) | Total |
| Sept 06 | % within Cohort | 80.3% (n=114) | 8.5% (n=12) | 11.3% (n=16) | 100.0% (n=142) |
| Feb 07 | | 85.7% (n=90) | 5.7% (n=6) | 8.6% (n=9) | 100.0% (n=105) |
| Sept 07 | | 75.5% (n=151) | 9.0% (n=18) | 15.5% (n=31) | 100.0% (n=200) |
| Feb 08 | | 85.0% (n=51) | 11.7% (n=7) | 3.3% (n=2) | 100.0% (n=60) |
| Sept 08 | | 84.0% (n=158) | 7.4% (n=14) | 8.5% (n=16) | 100.0% (n=188) |
| Total | | 81.2% (n=564) | 8.2% (n=57) | 10.6% (n=74) | 100.0% (n=695) |

Figure 1: Progression for all cohorts

As can be seen, over all five cohorts, progression at the end of year 1 stood at 81.2%, with 10.6% being discontinued due to academic failure, and 8.2% exiting for other reasons. Differences between cohorts were not statistically significant ($X^2=12.060$, $df=8$, $p=0.122$). We were interested in any differences in progression rates between February and September cohorts previous to the analysis, so a contrast between the February and September groups was tested in the univariable regression model containing Cohort. The result was not significant (Wald test chi-square = 3.784, $df=2$, $p=0.151$); that is, there is no evidence of differences between the September and February cohorts in terms of progression.

Those variables that **were** of significance are now outlined below. Variables with $p<0.1$ rather than $p<0.05$ are reported here as we used the former as a screening criterion to select variables for a multivariable analysis in accordance with convention.

(i) Age on Entry

The distributions of Age on Entry for the three progression categories were compared by box plots and a one-way ANOVA of Age on Entry was performed.

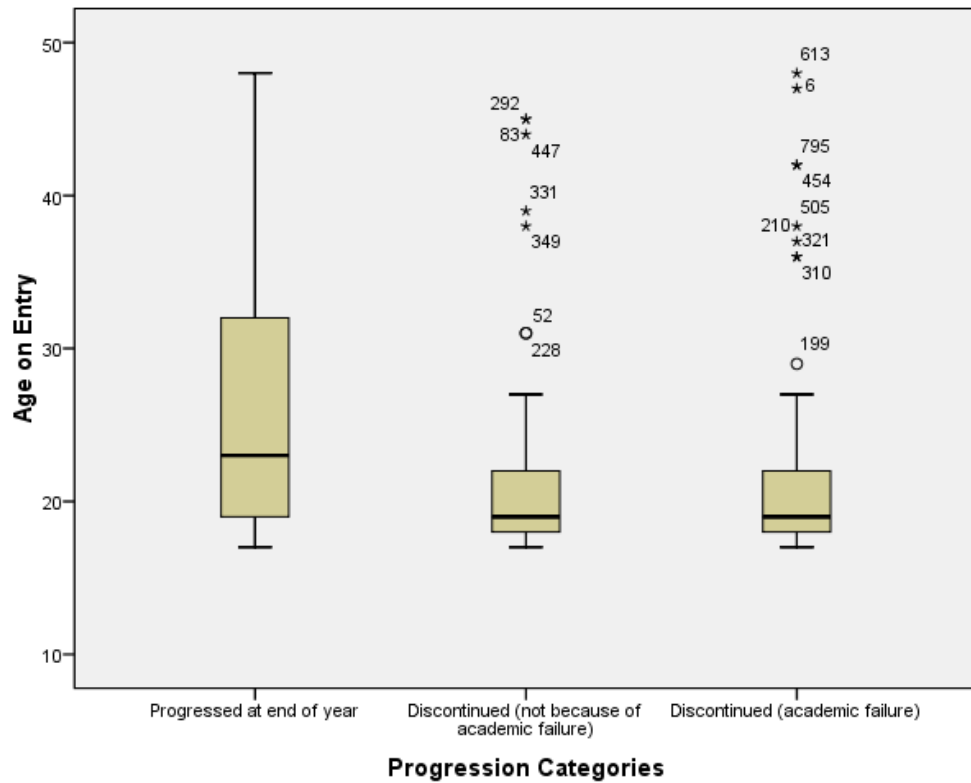


Figure 2: Age on Entry progression categories box plot

The one way ANOVA is statistically significant ($F(2,692)=11.19$, $p<0.001$.) The mean age of students progressing (26.0) is significantly higher than the mean age of students discontinuing either for academic failure (22.1) or for other reasons (22.4); i.e. older students fare better than their younger counterparts in terms of progression.

(ii) Previous experience of caring

| | | Progression Categories | | | |
|-------|----------------------|---------------------------|-------------------------------------|---------------------------------|----------------|
| | | Progressed at end of year | Discontinued (not academic failure) | Discontinued (academic failure) | Total |
| No | % within | 74.2% (n=95) | 12.5% (n=16) | 13.3% (n=17) | 100.0% (n=128) |
| Yes | Previous | 82.7% (n=469) | 7.2% (n=41) | 10.1% (n=57) | 100.0% (n=567) |
| Total | Experience of Caring | 81.2% (n=564) | 8.2% (n=57) | 10.6% (n=74) | 100.0%(n=695) |

Figure 3: Previous experience of caring progression categories crosstabulation

It can be seen that having previous experience of caring increased the probability of progressing through to the second year of study (82.7% vs. 74.2%). This gave a result of $\chi^2=5.486$, $df=2$, $p=0.079$, which was weakly statistically significant.

(iii) Dependents

| | | Progression Categories | | | |
|-------|---------------------|---------------------------|-------------------------------------|---------------------------------|----------------|
| | | Progressed at end of year | Discontinued (not academic failure) | Discontinued (academic failure) | Total |
| No | % within Dependents | 77.9% (n=408) | 9.7% (n=51) | 12.4% (n=65) | 100.0%(n=524) |
| Yes | | 91.2% (n=156) | 3.5% (n=6) | 5.3% (n=9) | 100.0% (n=171) |
| Total | | 81.2% (n=564) | 8.2% (n=57) | 10.6% (n=74) | 100.0% (n=695) |

Figure 4: Dependents progression categories crosstabulation

Figure 4 shows that that having dependents increased the likelihood of progressing to the second year of study, and this finding was statistically significant ($X^2=15.103$, $df=2$, $p<0.001$).

(iv) Domicile

| | | Progression Categories | | | |
|-----------------------------|--|---------------------------|-------------------------------------|---------------------------------|----------------|
| | | Progressed at end of year | Discontinued (not academic failure) | Discontinued (academic failure) | Total |
| Non-local at all times | % within combined home and term time address information | 81.3% (n=61) | 10.7% (n=8) | 8.0% (n=6) | 100.0% (n=75) |
| Local during term time only | | 61.5% (n=32) | 25.0% (n=13) | 13.5% (n=7) | 100.0% (n=52) |
| Local at all times | | 82.9% (n=471) | 6.3% (n=36) | 10.7% (n=61) | 100.0% (n=568) |
| Total | | 81.2% (n=564) | 8.2% (n=57) | 10.6% (n=74) | 100.0% (n=695) |

Figure 5: Domicile progression categories crosstabulation

It can be seen from figure 5 that those students living locally during term time only performed less well than those living either non-locally at all times, or locally at all times. Differences between Domicile groups were statistically significant ($X^2=24.422$, $df=4$, $p=0.001$).

More specifically, a contrast between the two groups that were at the same address at all times and the group that was local during term time only was tested in the univariable regressing model containing Domicile. This gave a Wald test chi-square = 13.492, $df=2$, $p=0.001$. The inference is that the odds of discontinuation (in particular, for reasons other than academic failure) are significantly greater for those who are local during term time only compared to those who live at the same address at all times.

(v) Entry qualifications

| | | Progression Categories | | | |
|-----------|--|---------------------------|-------------------------------------|---------------------------------|----------------|
| | | Progressed at end of year | Discontinued (not academic failure) | Discontinued (academic failure) | Total |
| Level 2 | % within Entry qualifications category | 78.3% (n=126) | 7.5% (n=12) | 14.3% (n=23) | 100.0% (n=161) |
| Level 3 | | 81.3% (n=360) | 7.9% (n=35) | 10.8% (n=48) | 100.0% (n=443) |
| Level 4/5 | | 82.1% (n=55) | 14.9% (n=10) | 3.0% (n=2) | 100.0% (n=67) |
| Level 6 | | 95.8% (n=23) | 0% (n=0) | 4.2% (n=1) | 100.0% (n=24) |
| Total | | 81.2% (n=564) | 8.2% (n=57) | 10.6% (n=74) | 100.0% (n=695) |

Figure 4: Entry qualifications progression categories crosstabulation

Examination of the figures in the above table suggests that progression is more likely for those with higher level entry qualifications. However, the statistical evidence on whether Entry Qualification is associated with progression is unclear. There are some computational problems associated with small cell frequencies and the findings are sensitive to the manner in which Entry Qualifications are coded.

For example, to solve problems with small cell frequencies, further analysis was undertaken by recoding Entry Qualifications into two categories: 'Level 2 or Level 3' and 'Level 4, 5 or 6'. From the univariable regression model containing this recoded Entry Qualifications variable alone, the result was Wald test chi-square=5.753, df=2, p=0.056. This is of borderline significance; however, caution must be used when interpreting this finding because of multiple recoding.

A number of other variables were examined and these were found to be not significant. These were: Programme ($X^2=4.077$, df=2, p=0.163), Branch ($X^2=5.218$, df=6, p=0.637) and Cohort (already reported). Gender ($X^2=1.030$, df= 2, p=0.557), Disability ($X^2=4.149$, df=6, p=0.464) and Ethnicity ($X^2=5.002$, df= 4, p=0.199) were also not significant, but these are reported on in Figures 7, 8 and 9 to show frequencies and are commented on in the discussion.

| | | Progression Categories | | | |
|-------|-----------------|---------------------------|-------------------------------------|---------------------------------|----------------|
| | | Progressed at end of year | Discontinued (not academic failure) | Discontinued (academic failure) | Total |
| F | % within Gender | 80.8% (n=526) | 8.4% (n=55) | 10.8% (n=70) | 100.0% (n=651) |
| M | | 86.4% (n=38) | 4.5% (n=2) | 9.1% (n=4) | 100.0% (n=44) |
| Total | | 81.2%(n=564) | 8.2% (n=57) | 10.6% (n=74) | 100.0%(n=695) |

Figure 5: Gender progression categories crosstabulation

| | | Progression Categories | | | |
|-------------------|--------------------------------|---------------------------|-------------------------------------|---------------------------------|----------------|
| | | Progressed at end of year | Discontinued (not academic failure) | Discontinued (academic failure) | Total |
| None | % within Disability categories | 80.2% (n=477) | 8.7% (n=52) | 11.1% (n=66) | 100.0% (n=595) |
| Dyslexia | | 85.3% (n=58) | 5.9% (n=40) | 8.8% (n=6) | 100.0% (n=68) |
| Unseen disability | | 81.8% (n=9) | 9.1% (n=1) | 9.1% (n=1) | 100.0% (n=11) |
| Other disability | | 95.2% (n=20) | .0% (n=0) | 4.8% (n=1) | 100.0% (n=21) |
| Total | | 81.2% (n=564) | 8.2% (n=57) | 10.6% (n=74) | 100.0% (n=695) |

Figure 6: Disability progression categories crosstabulation

| | | Progression Categories | | | |
|-------|-----------------------|---------------------------|-------------------------------------|---------------------------------|----------------|
| | | Progressed at end of year | Discontinued (not academic failure) | Discontinued (academic failure) | Total |
| White | % within Ethnic Group | 81.1% (n=546) | 8.2% (n=55) | 10.7% (n=72) | 100.0% (n=673) |
| Black | | 85.7% (n=12) | 0% (n=0) | 14.3% (n=2) | 100.0% (n=14) |
| Other | | 75.0% (n=6) | 25.0% (n=2) | 0% (n=0) | 100.0% (n=8) |
| Total | | 81.2% (n=564) | 8.2% (n=57) | 10.6% (n=74) | 100.0% (n=695) |

Figure 7: Ethnicity progression categories crosstabulation

Qualitative (questionnaire)

Withdrawn students

Of the 78 questionnaires sent out to withdrawn students, 15 were returned (response rate of 19.2%).

(1) Reasons for leaving the course

Data on why students left the course have been broken down into five key categories, listed in order of number of occurrences.

Personal/health/disability

According to the Likert Scale question (question 1a) "I left the programme for personal reasons", a total of 11 students felt they left the course for personal reasons. Seven students gave further details of the personal/health/disability issues in relation to their reasons for leaving in question 2. Four spoke of general family/relationship difficulties, one response related to health explicitly, another to problems experienced with a learning difficulty. One student reported that they had not received the support they needed for their personal issues: "I feel there is NO support for people with personal

problems and was just shrugged off. If a nurse did this to a patient she would be disciplined, if not struck off. I feel completely let down by the whole University system.”

Placement

Four students reported that they left the course because of poor placement experiences. “My decision to leave was compounded by witnessing very bad practice in my second work placement” (e1); respondent e4 said: “I was given a clinical placement at an old people's home. It completely put me off - my mentor was extremely unmotivated and was incapable of understanding the CAP document...Mentors need to be more informed and supportive.”

Career

Three students made reference to nursing as a career in their decision to leave the course. “I feel I did not thoroughly research what I wanted to do as a career. I realised nursing was not for me when I was on clinical placement,” (respondent e9); respondent e13 just “did not want to be a nurse anymore.”

Academic

Three students said they left the course owing to academic issues. Respondent e8 “left because I didn't feel I would be able to do the job as I am not academic enough. The course was harder than I thought and I was struggling. I was also put off by the A&P exam as I found this would be harder than I could manage.” The Likert Scale question (question 1d “I coped well with the academic work”) reported that three students felt they did not cope well with the academic work, however, 12 students felt they did cope with the work well, and the majority of students (n=11) enjoyed the course while they were on it. Also, most students (12 out of 15) would recommend the programme to others.

Financial

Only one student reported that they had been forced to leave the course because of funding difficulties: “As I had been seconded ... due to budget for the year they had to pull me off [the course],” (respondent e7).

(2) Support accessed and received

Withdrawn students were asked which sources of support they accessed, and how useful they found them. Personal supervisors (n=11) and academic supervisors (n=9) were the most accessed source of support (see figures 8 and 9).

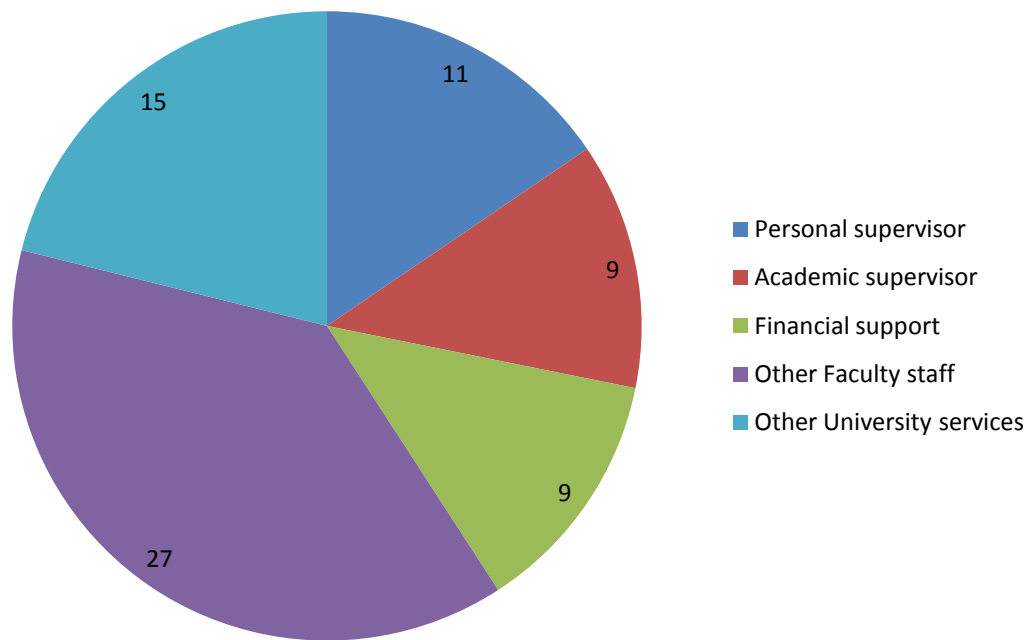


Figure 8: Number of student who accessed support source

The usefulness of these support sources is shown in figure 9. For example, 8 out of the 11 students who accessed their personal supervisor found them 'useful' (counted in the Likert scale as either 'very useful', 'quite useful' or 'slightly useful').

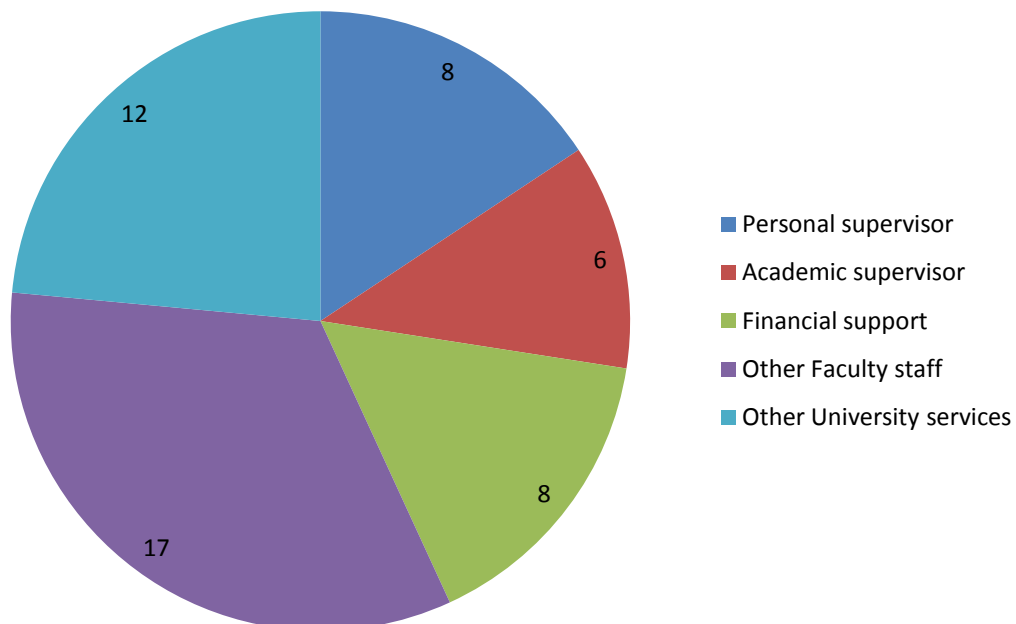


Figure 9: Number of students who found support 'useful'

In relation to the question “Could you comment on the support you received from the Faculty and the University when you were experiencing difficulties”, all 15 respondents commented and the majority were positive about the support they had received.

Positive

Four students made positive remarks about the support they received from their personal supervisor; “my personal supervisor was very helpful and contacted me via email to give support and advice at the time and also if I wish to return in the future” (respondent e1); “my personal supervisor was lovely - very supportive when I was trying to make a choice whether to stay or go. She still is now while I'm trying to come back,” (e3). Other specific support judged to be useful was that from Disability Services, also help with course information and accommodation and help from the programme leader.

Negative

It is useful here to see the Likert Scale question results (question 1h “The University was very supportive to me”):

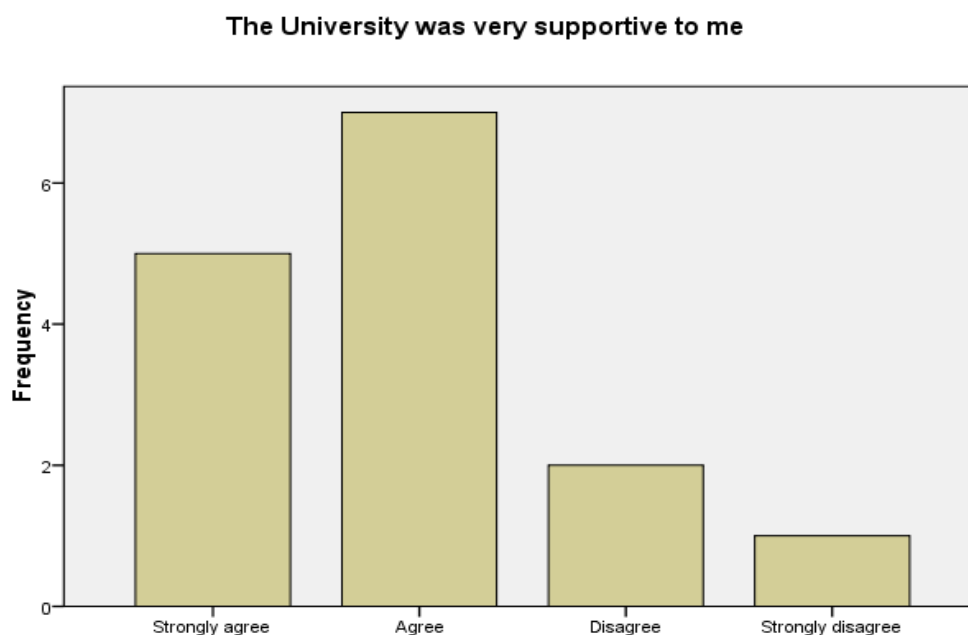


Figure 10: "The University was very supportive to me"

(3) Additional help and support

Question 5 asked students if there was anything else the Faculty could have done to facilitate their retention onto the course ; 10 students said nothing further could have

been done, whilst five students said that more could have been done. From those five students, three key themes were identified:

- Better support from academic and placement staff
- Improved placement provision
- More flexibility and options re the course

(4) Other findings

The Likert Scale questions also measured some other items of interest. In response to the statement “I didn’t want to leave, but I felt I had no choice”, 8 students agreed. Also, a majority of the students who left the course still wanted to be a nurse (n=9).

Continuing students

594 questionnaires were handed out to continuing students from the study cohorts. 195 completed questionnaires were received (response rate of 32.8%). This is shown in Figure 13 below:

| | Sep-06 | Jan-07 | Sep-07 | Jan-08 | Sep-08 | Total |
|---------------------------|---------------|---------------|---------------|---------------|---------------|--------------|
| Adult diploma | 8 | 10 | 72 | 10 | 22 | 122 |
| Adult degree | 5 | 6 | 13 | | | 24 |
| Child diploma | | 1 | 4 | | 3 | 8 |
| Child degree | | | 1 | | 1 | 2 |
| Learning D diploma | 1 | | 6 | | | 7 |
| Learning D degree | | | 1 | | | 1 |
| Mental H diploma | 3 | 2 | 3 | 6 | 6 | 20 |
| Mental H degree | 2 | 1 | 2 | 1 | | 6 |
| Midwifery degree | | | | | 5 | 5 |
| | | | | | | |
| Total (returned) | 19 | 20 | 102 | 17 | 37 | 195 |
| Total (sent out) | 113 | 91 | 152 | 41 | 197 | 594 |
| Response rate % | 16.8 | 22.0 | 67.1 | 41.5 | 18.8 | 32.8 |

Figure 11: Questionnaire returnees

(1) Responses to statements

The mean and standard deviation for all statements was examined. Comparisons were also undertaken between the following groups: degree vs. diploma; considered leaving vs. not considered leaving; branch¹; cohort. Cross-tabulations and Chi-Square were undertaken to identify any areas of significance.

The following section reports any relevant findings; quantitative data is reported first.

¹Due to small numbers of students in relation to some branches, this data is not reported.

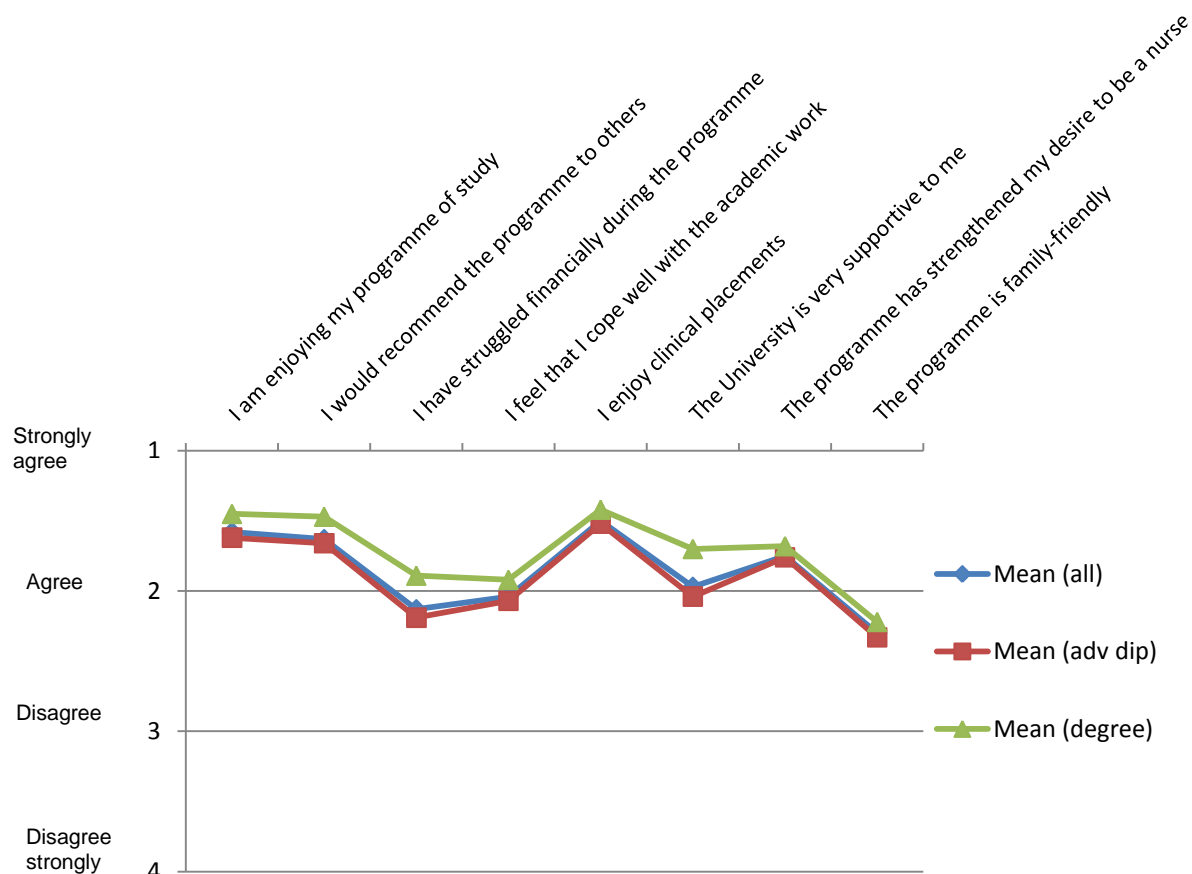


Figure 12: Response to statements by programme

As seen in figure 14, degree students on average appear to be rating higher on these statements than diploma students. 'I have struggled financially' and 'the programme is family friendly' achieved the lowest rating across both groups. There is, however, little variation between the two groups. There is not much variation between cohorts on the statements either; however, the January 2007 cohort appears to give a lower rating overall than other cohorts. Students from the September 2008 cohort appear to be less financially affected than other cohorts.

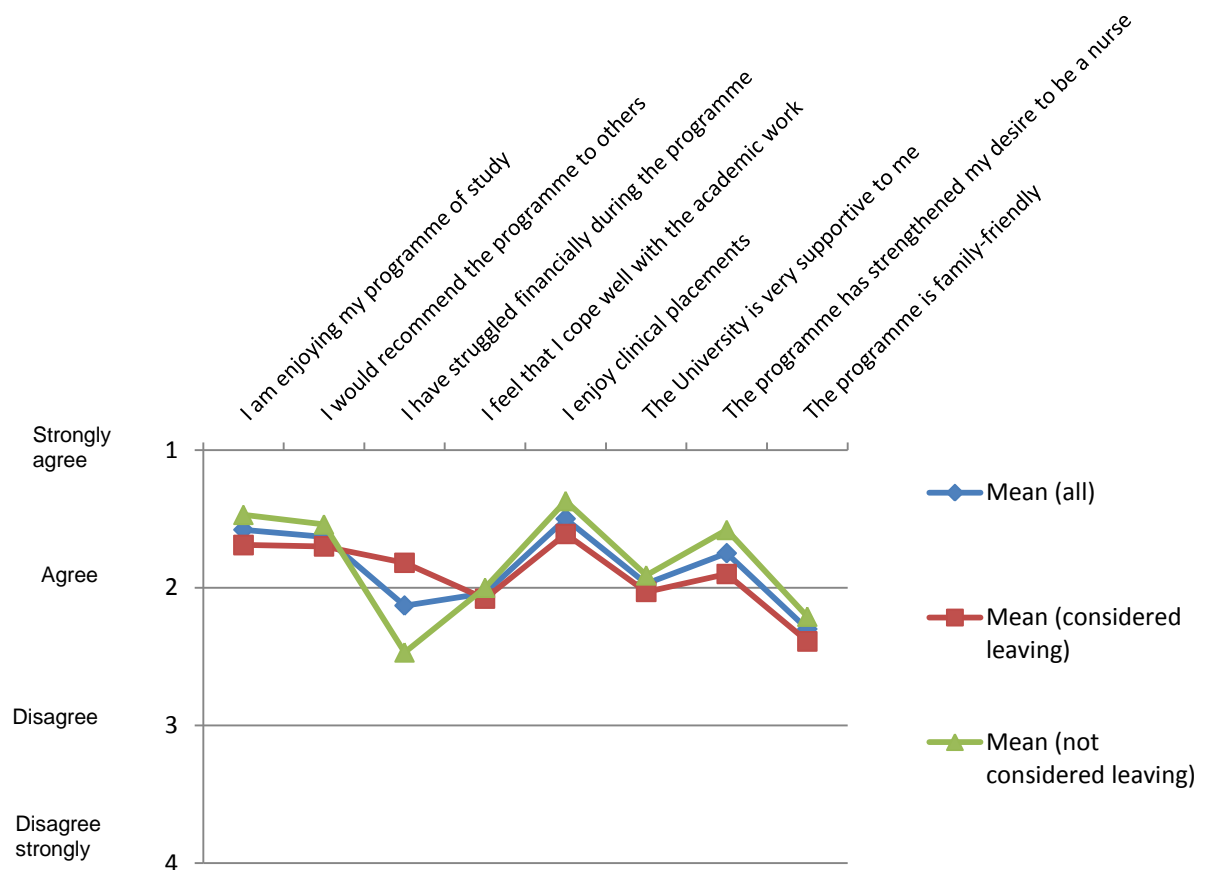


Figure 13: Response to statements by whether considered leaving or not

The statement 'the programme is family friendly' achieved the lowest rating across both groups (figure 13). It would appear that those students who had considered leaving were more likely to agree with the statement 'I have struggled financially' than those who had not considered leaving. A Chi-Square test showed that this result was statistically significant ($\chi^2=25.241$, $df=3$, $p=0.000$).

Support sources

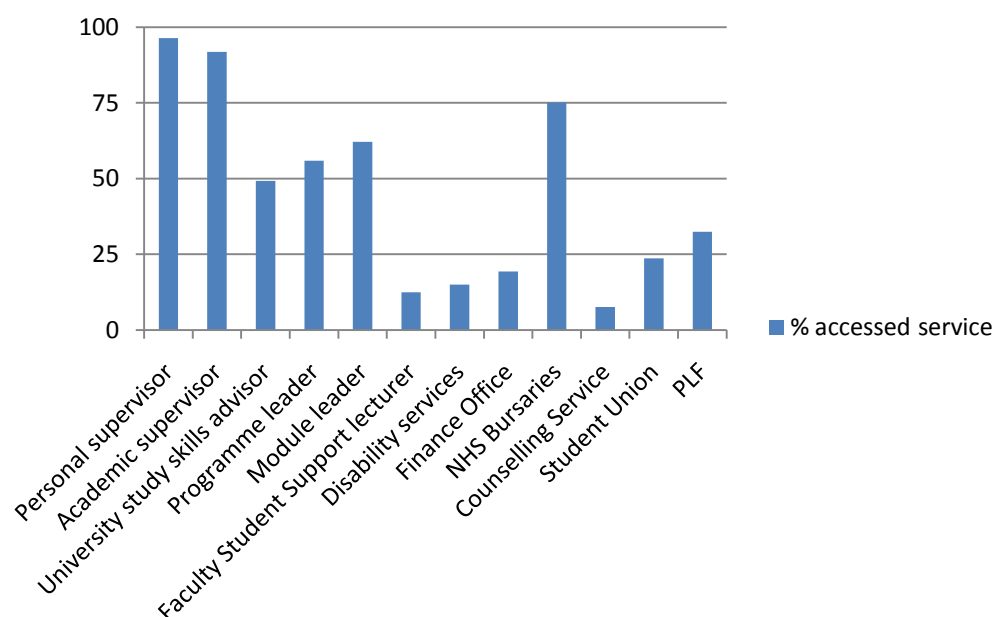


Figure 14: % of all students accessing support services

Figure 14 shows the % of students who have accessed individual support services. Obviously, the most popularly accessed were the students' personal supervisor and academic supervisor, followed by NHS Bursaries staff.

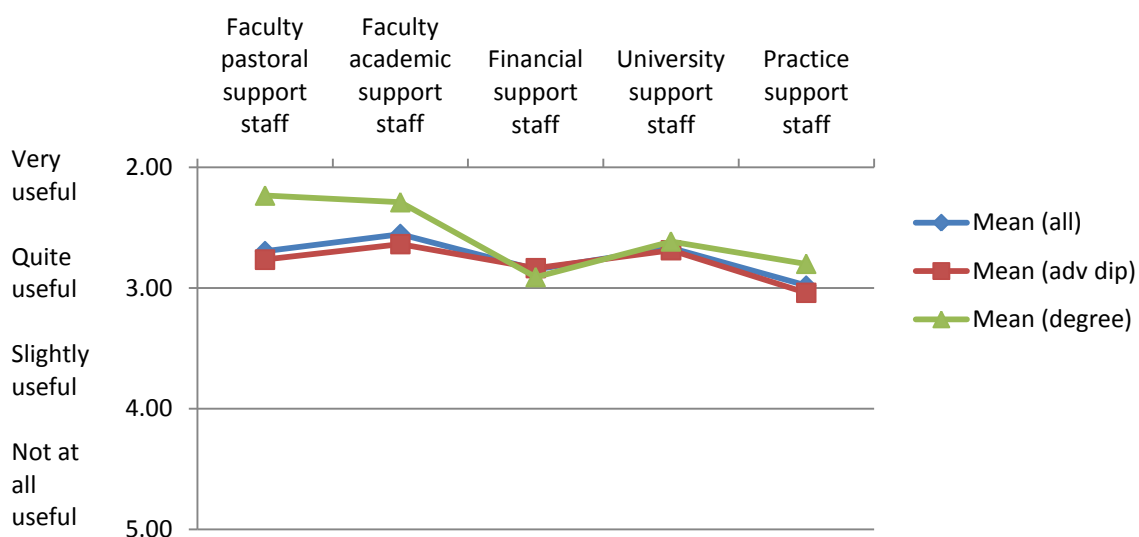


Figure 15: Usefulness of support by programme

In general, degree students found the Faculty pastoral and academic support staff more useful than their advanced diploma counterparts (figure15). The exception is financial support staff, which could be explained by the potentially greater financial issues facing degree students.

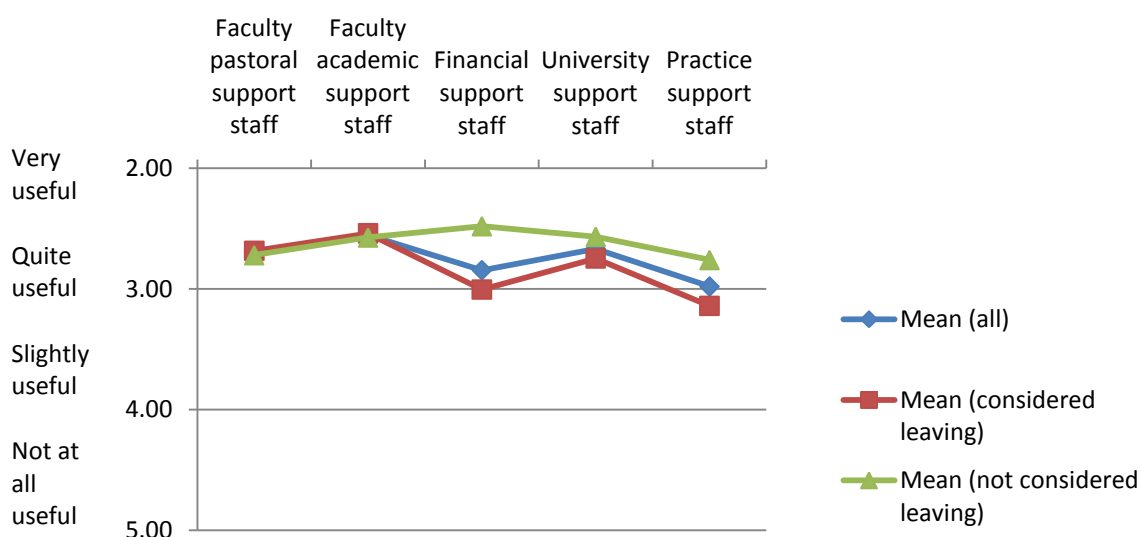


Figure 16: Usefulness of support by whether considered leaving or not

Figure 16 shows that, overall, those students who had considered leaving found support staff (other than Faculty staff) less useful than those students who had not considered leaving. The greatest difference related to the financial support staff.

(2) Qualitative data

An overview of the results from the NVivo analysis is shown in Appendix 6 and this provides information on numbers of responses. The following section reports qualitative comments in relation to main categories (scores of 10+, i.e. 5% of responses).

Decision to stay and support given

Positive factors

There were many issues that made students more likely to stay on the course. The highest scorer was support – both from University support staff and from others. Personal supervisors scored very highly in this regard. “Open and approachable...gives good constructive advice and at times wears many hats, such as counsellor” (c118); “excellent support, always at the end of the phone – brilliant,” (c4). This finding was reflected in the National Student Survey 2009 (NSS 2009).

Academic supervisors were also given much positive feedback. Student c99 said: “I failed my first assignment...however, my academic supervisor gave me great feedback and now looking back it has been for the best because now my assignments follow criteria and spend a lot of time on referencing.”

Support from others mainly included moral support from family and friends: “support from other students has been invaluable throughout the course,” (c116): “I’ve always wanted to be a nurse and my family encourage me to keep going and my friends are also proud and encouraging,” (c98).

Many students (N=41) expressed their desire to see the course through was down to the promise of a career as a nurse: “because I have always wanted to be a nurse, I am very determined to be a success with this programme of learning,” (c25) and “my drive to become a nurse does push me along and for this reason I am still on the course,” (c68). Related to this was the personal attribute of determination to succeed: “I think, at times, my family thought I put the course before them. This was not the case; actually I was putting myself before them (for a change) and sheer determination to succeed and do something ‘for me’ was the reason I carried on and did not leave – I’m glad I did!” (c49).

Finally, positive aspects about the course itself contributed to many students staying; the desire not to waste the time already spent on the course was also mentioned: “I had suffered a year of poverty being a student, I decided it would be insane not to complete,” (c93).

Negative factors

Students commented negatively on the quality of support given by academic supervisors: “some academic supervisors took up to 2 weeks to reply to questions which delayed further work being done,” (student c121). “I feel academic supervision is not encouraged and sometimes you are made to feel as if you are wasting their time,” (c169).

Course issues (25) came out as the joint second reason for students considering leaving, for example: “episodes of considerable disorganisation at times on the course. The order in which some of the lectures have been given have meant frustration has risen amongst some students,” (c24), and “I dislike the way module and practice weeks are divided, it would be more beneficial to have all practice weeks and all theory weeks together. Also, certain modules can be very long-winded, draining and disheartening,” (c77). These frustrations were reflected in the National Student Survey 2009 (NSS 2009).

Financial issues rated high in the factors that might make students consider leaving the course (N=25), and also in the suggestions for improved or further support (N=26). Typical of many comments was student c114: “the financial implications have made me consider continuing on my training. Trying to juggle studying full-time, placements and bank shifts to earn money has made me consider leaving. However, my partner and I have managed to tighten our purse strings and are now managing.” Most students were determined to stay on the course despite financial problems: “I have thought it would be easier to sometimes not be on the programme due to travelling, stress and financial worries but never considered leaving. The ultimate aim/goal to be a nurse outweighs most worries. I’ve come this far and feel totally empowered. I wouldn’t quit for all the tea in China,” (c157).

Many students made specific reference to the bursary being insufficient: “doing the degree: bursary is lower, husband works split shifts, childcare element does not cover childcare costs, my entire bursary every month went on childcare. When extra bills came in the money was not there. If I did not have a supportive husband who happily paid for the running of the house and car I would have left,” (c135). Others commented on the differing bursary given to diploma and degree students, and how this directly affected their choice of course: “I think all students should receive the same bursary. Students on the degree course get little or no bursary which isn’t fair and may be a

reason why some students leave,” (c47). “As an under-25 year old living alone the fact that I am expected to survive on £520 a month is ridiculous. I would have also liked to have completed my BSc but could not afford the drop in funding,” (c48).

Another difficulty mentioned by many students was the life-work-study balance (n=14). Student c75 expressed: “as a single parent juggling placements, study, deadlines, responsibilities at home, childcare, family commitments (I have a terminally ill relative), financial commitments and many other factors, as organised as I try to be the pressure mounts and as a result health (mental/physical) suffers and I have considered leaving (feeling of drowning!) ..After all, myself and my kids have had to cope with because of the course I am more determined to finish.”

Despite clinical placements being rated highly by students in question 1 of the questionnaire, there was considerable negativity about both placements and placement staff in the qualitative section. Many students referred to the practice staff’s apparent bias to the placement staff/Trust: “my perception...is that they are not there for student support, more if there is a problem on placement the mentor calls them in to discipline you,” (c190). One student said: “I would not recommend nursing to friends because of the poor attitudes from staff at placement, being used as an auxiliary nurse, very long programme (3 semesters) and the obvious conflict between University and placement. The PLF has the best interests of the Trust and not the student in mind,” (c129). Another added: “During a placement, I witnessed very bad practice and struggled to come to terms with what I had seen,” (c178). Again, this reflects the findings in the National Student Survey 2009 (NSS 2009).

Suggestions for improved or further support

Looking at the suggestions for improved or further support (section 2 of Appendix 6), it is clear that improved support and access to support (via University support staff), plus improved financial support came out on top by some margin. The next most commonly mentioned area for improvement, with 8 sources, was the child-friendly aspect of the course. This also relates back to issues with childcare and the work-life-study balance in section 1, with 6 and 14 sources respectively. Student c176 said: “my family have supported me so much and given up so much for me to do the course I would not leave because of them, but have thought about a lot due to financially struggling and struggling with childcare. The course is NOT family-friendly, it needs to be, I run a family, have a bank job and do the course as well.” Student c24 added: “The hardest and most stressful element by far has been ... finding suitable and stimulating flexible out-of-hours care whilst I train. Lectures starting at 9.30 instead of 9.15 would eliminate morning childcare issues entirely.” Many of the comments related to the course running over school holidays: “my only problem is the course running during school holidays. This makes it difficult with childcare – especially if on placement when doing long shifts.” (c147); “[need to] offer a more part-time course or (flexibility in) the holidays when the children are not at school to support parents,” (c105).

Discussion

The findings of the three project work-streams – questionnaires for withdrawn students, survey of continuing students, and quantitative student data analysis – demonstrate three main areas of discussion; these are the identification of students at high risk of exiting or being discontinued, the existence of ‘push’ factors that may drive a student towards exiting, and the notion of ‘pull’ factors that encourage students to continue on a programme.

Students at higher risk of non-progression from year one

The study found that as age on entry increased, the likelihood of non-progression from year one (either due to exiting or discontinuation) became less. In essence, younger students seem to do less well than their older counterparts. Previous studies of student attrition have yielded similar results. Mulholland et al (2008) discovered a linear increase in the odds of completing a programme as age at entry increased, a finding supported by Prymachuk et al (2009).

One question that remains largely unanswered by this and other studies is *why* older students do better. Intuitively, it would seem that older students should find academic life more challenging than their younger peers: they have been out of education for longer than their younger peers, and often have childcare responsibilities to juggle along with University commitments (O'Brien et al, 2009). A counterargument is that being older provides students with greater life experience and emotional intelligence to deal with the challenges of nurse education. Equally, it could be hypothesised that the desire to be a nurse – the significance of which is discussed later – is stronger in those students, or that they have a better developed circle of social and family support. This hypothesis is supported by the finding that having dependents was significantly associated with increased likelihood of progression into year 2. It may well be that having a family structure provides ‘protection’ against the challenges of the course.

In addition to older age and having dependents, another significant factor influencing the likelihood of progression was domicile. Interestingly, the actual location of a student’s residence appeared not to be an issue: instead, progression was influenced by whether students had a temporary term-time address. Those who lived away from the local area outside term-time were significantly less likely to progress than those whose term-time and holiday domicile was the same. It is difficult to compare this finding to previous works on student nurse attrition, as domicile is a rarely analysed variable. Studies exploring the retention of all HE students have generated very different findings to our work: the ‘traditional’ university student, moving far from home to embark on their studies, has been found previously to have a higher completion rate than those who attend a local university and live at home (Johnes and McNabb, 2004). However, it is important to acknowledge – once again – that nurse education is different to most University courses, and the additional pressures of professional responsibilities, clinical placement and year-long courses, may explain the mismatch in findings. There is no doubt that leaving home to attend University does present a number of challenges to students (Yorke, 2000), and this may account for our findings in this study.

The final factor that was significant in influencing progression from year one was that of previous care experience. Those students with previous care experience were significantly more likely to progress than those without (82.7% vs. 74.2%). This variable has not been widely analysed in previous studies, but does have implications for student nurse recruitment and retention. Though it would seem an overreaction to make previous caring experience a mandatory condition for applicants, prospective student nurses should certainly be encouraged to spend some time in a care environment prior to commencement.

In relation to entry qualifications, there was a trend towards a higher level of qualification resulting in a greater likelihood of progression. However, what was of particular interest was the small difference between progression in students with level 2 qualifications (78.3%) and level 3 qualifications (81.3%). The fact that this might be a chance finding or due to local characteristics in Hull cannot be discounted. Across HE, students who enter with A-Levels are more likely to complete programmes of study than those with other types of academic qualifications (Johnes and McNabb, 2004). In relation to nursing, previous findings are more equivocal: Mulholland et al (2008) found no significant differences in completion rates between those students with different entry qualifications (other than existing graduates, who were less likely to complete). Conversely, Prymachuk et al (2009) reported that students with minimum entry qualifications (i.e. Level 2) were significantly less likely to complete.

One possible reason for our findings is that our study – unlike many others – only tracked students' progress into the second year. It is therefore possible that students with lower level qualifications would struggle as the academic level of the programme increases. However, our findings arguably challenge the deep-rooted assumption that high level entry qualifications are necessary for successful progress through nurse education. This is a particularly pertinent point, given the recent national move to an all-graduate nursing workforce, and the local decision to raise the minimum entry qualification to Level 3.

Of the other factors examined, gender, disability and ethnicity proved to be not significant statistically. Disabled students appear to be doing very well in terms of progression. This should be seen as positive recognition of the substantive work done in the Faculty to promote inclusive teaching and learning and approaching students' entitlements in a positive and pro-active way. The Faculty currently has very few students from a BME background; the vast majority are White British (546 from a total of 564 from this study). The drive for 'internationalisation' taking place within HEIs will lead to higher numbers of students being recruited and accepted from non-white British backgrounds. This will necessitate a re-packaging of programmes and curriculum to meet this agenda.

The quantitative analysis of student retention patterns therefore provides some characteristics of students who are potentially at high risk of non-progression. This study – in accordance with much existing literature – suggests that younger students with no experience of caring are at particular risk. In addition, students who have different term time and holiday addresses may also be at greater risk, though this could be a finding local to nursing at Hull University.

However, findings from other aspects of the study should urge caution in labelling students as 'high-risk'. The survey of continuing students indicated that over half had

considered exiting the programme at one point or another. Though the seriousness with which they considered leaving was not ascertained, the fact that this proportion had contemplated exiting the programme is an important finding. If this finding can be generalised, then HEIs that deliver nursing programmes should consider that a majority of their students will – at some stage or another – contemplate exiting their programme of study. Simply identifying and supporting high-risk students is therefore not sufficient, and a general culture of support is necessary.

This echoes the thoughts of Tinto (2006), who argued for the importance of establishing educational conditions that promote the retention of all – not just some – students. This is a reflection on the fact that HEIs can do very little to control student attributes, so should focus on those areas that fall within their area of influence – i.e. the educational setting, nature of the learning experience and the availability of student support.

In accordance with these findings, this study is therefore advocating a model that comprises factors that potentially act as either ‘push’ or ‘pull’ in terms of student progression rather than an ‘at-risk’ approach.

‘Push’ factors– why do students exit or contemplate exiting?

The study identified a number of ‘push’ factors from the qualitative questionnaires completed by withdrawn students. Though these questionnaires produced some rich data that largely resonated with previous studies, the small sample size and response rate makes findings difficult to generalise. However, some useful discussion points are worthy of further exploration.

Of those students who gave details of their personal reasons for leaving – including relationship difficulties, family illness and family relocation – their decision to exit the programme was unavoidable. Such occurrences cannot be mitigated against and only one student voiced displeasure at the support structures available within the Faculty and University. However, continuing students who had considered exiting did raise concerns about the level and consistency of academic and personal supervision provided by the Faculty.

A small number of respondents cited the wrong career choice as a reason for exiting, and this raises some questions about the current application process. Efforts are made – through informal visits, structured presentations, and interview questions – to ensure that potential students are aware of the challenges posed by the nursing profession. However, comments such as “...I realised nursing was not for me when I was on clinical placement” suggests that more can be done. Linked to the concept of programme preparation is the small number of comments related to the programme being “too hard”. These comments again demonstrate a lack of understanding of the significant challenges posed by the programme, and suggest that some students require more information during the application process.

Even once students have started their programme of study, steps can be taken to manage expectations about the programme and chosen career. Student retention can be enhanced by structured and comprehensive orientation programmes to clarify roles and expectations of student nurses (Bridgers Porter, 2008). However, Tinto warns that these should not be seen as ‘add-ons’ or as a ‘vaccine’ to student attrition, but should link to other support systems and activities throughout the crucial first year (Tinto 1998).

Of great concern were the comments made regarding placement experiences underpinning a decision to exit their programme. It is clear that some students chose to leave the programme because of the level of placement support or the practice that they observe – a finding that duplicates those in other studies (Brodie, Andrews, Andrews et al, 2004; Waters, 2006a; Prymachuk et al, 2009). Whilst the majority of students appeared to have had very positive placement experiences, this should not detract from the concerns raised by some students. Bellefontaine (2009) found that some student nurses felt unable to report bad practice due to fears about being labelled a troublemaker, appearing disloyal, or being victimised. The reporting of bad practice appears to be dependent on those mentors who act as supportive, positive role models *and* support from the University.

The placement experience was also cited as a negative factor by those students who were continuing on the programme. As with those who had withdrawn, these negative placement experiences tended to be in relation to a lack of support from University staff and the witnessing of poor practice. However, these seem to be a minority view, with the bulk of continuing students enjoying their placement experience.

From the survey of continuing students, the most significant ‘push’ factor that leads to a consideration of exiting appears to be financial pressures. When exploring continuing students’ views on their programme of study, those that had considered exiting were significantly more likely to have struggled financially. Again, this finding supports previous work on student attrition that cites financial factors as important (Andrew et al, 2008; Jeremy, 2001). Last and Fulbrook (2003) reported that 94% of student nurses suffered from some degree of financial hardship, and many were forced to leave – or consider leaving – due to increasing debt. The findings also resonate with a recent UNISON survey that reported that half of student nurses had considered leaving their course because of financial reasons. The UNISON survey also reported that student nurses could expect to graduate with levels of debt approaching £7k, with 60% of students supplementing their income through additional work (UNISON, 2009).

Though some financial difficulties would appear unavoidable (given the level of bursary and grant), previous work suggests that this might be exacerbated by unrealistic expectations. Yorke (2000) identified that many students were unaware of the financial implications of embarking on a programme of higher education, and subsequently found themselves in difficulty.

Unsurprisingly, students on Advanced Diploma courses – who receive a non-means tested bursary – reported a lower level of financial difficulty than students on Degree programmes – who receive a means-tested grant. This finding is significant in the context of the recent Department of Health consultation on the NHS bursary scheme, which closed in December 2009. The move to all-graduate nurse education means that the two-tier student funding issue will be solved. However, the final decision on how student nurses will be financially supported has not yet been disseminated.

Another possible ‘push’ factor is in relation to the way in which the programme fits around the students’ family responsibilities. The statement ‘The programme is family-friendly’ received the most negative response, though there was no significant difference between students who had or had not considered leaving. Previous studies have reported on the problems faced by ‘mature’ students with family commitments.

Yorke (2000) cited criticisms about a lack of flexibility amongst HEIs, despite commitments to equal opportunities. With specific reference to student nurses, Prymachuk et al (2009) and Fulbrook and Last (2001) identified the difficulties inherent in trying to balance professional and personal responsibilities, particularly for mature students.

The Faculty of Health and Social Care – like many centres for nurse education – do offer part-time courses to try and enhance the flexibility of provision. Uptake of the part-time programme is extremely limited, and reflects a national picture of only small numbers of student nurses enrolled on part-time programmes (O'Driscoll et al, 2009). Reasons for this are unclear, though O'Driscoll et al (2009) does identify a number of issues - such as role conflict and lack of flexibility in placement working – that may dissuade potential applicants from part-time programmes.

There seems little doubt that HEIs have been slow to respond to changes in the demographic of the student nurse population. The average age of a student nurse at the point of qualification has increased from approximately 21 in the 1960s, up to 29 in the early 21st Century (Ball and Pike, 2005). This increase in age is also likely to increase the proportion of students with dependents. Embarking on a nursing programme whilst having family commitments causes 'role conflict', increased likelihood of financial problems and difficulties balancing course requirements with childcare needs (O'Driscoll et al, 2009). The findings of our study do muddy the waters somewhat, with the finding that those students with dependents are significantly more likely to progress into year two of their programme. The reasons behind this are not entirely clear, though it may link to enhanced social and family support structures or it may be a consequence of the higher progression rates of older students.

'Pull' factors – why do students stay?

The fact that over half of continuing students have considered exiting but choose not to, suggests that something within the Faculty, University, programme or profession, acts as a 'pull' factor to stop them from leaving.

In the case of students who have withdrawn from the programme, these 'pull' factors have clearly been insufficient to reverse their decision. In some cases, this is an indicator of the severity of the problem that leads to their decision. Indeed, two-thirds of the respondents reported that the Faculty could have done nothing else to persuade them to stay.

Despite choosing to withdraw, the overall view of students about the programme and the University was relatively positive. Advice and support was accessed, and the majority of respondents found this support useful. In addition, most withdrawn students stated that they would recommend the course to others and found the University supportive.

The importance of academic, peer and family support was the most obvious 'pull' factor in relation to those continuing students who had considered leaving. University staff – notably the personal and academic supervisors – are cited as an important source of support, and it is clear that colleagues, family and friends also provide crucial support at difficult times. The importance of family and friends has been previously reported, with

Williford and Schaller (2005) reporting a lack of academic and social integration as a significant contributor to student attrition.

The issue of academic support is an interesting one, given that some continuing and withdrawn students cited poor quality support as a negative element of their programme. These dichotomous findings in relation to academic supervision either suggest varying student expectations of the supervisor role, or inconsistent standards of provision. Either way, ensuring consistent and transparent standards for supervision appears to be an important factor in the retention of students. Like this study, previous research has identified the need for more 'support' for students, though it is not always clear what this should involve. Last and Fulbrook (2003) found that students reported a lack of support from personal or practice 'link' tutors, and that more guidance and support was needed within the nursing programme. Tinto (2006) also highlighted the importance of student support; underpinned by a mechanism of 'early warning' that alerts tutors that a student is struggling. Jeffreys (2007) provided a number of practical solutions for enhancing student support, including workshops on study skills, time management, and peer mentoring.

Whereas the specific challenges of nursing were cited as a contributing factor in some students exiting, the career itself paradoxically had a significant 'pull' effect. Many continuing students cited a desire to become a nurse as a reason for staying, suggesting that the desirable elements of the career outweigh the negatives. Though some of these benefits of nursing are extrinsic, such as giving one status and paying a salary, the intrinsic fact that nursing is viewed as a vocation is equally – if not more – important (White, 2002; Lundmark, 2007). The vocational nature of nursing can act as a powerful 'pull' factor (Lundmark, 2007). White (2002) speaks of the 'moral pull' that nurses feel to the profession via the personal identification and ownership of the social meaning and identity of nursing. The satisfaction of caring for people, together with a long-term desire to nurse and engage in people-oriented activities, emerge in the literature as important factors influencing career choice for those who do enter nursing (Brodie et al 2004; Collings, 1997; While and Blackman, 1998).

The findings related to the vocational 'pull' of nursing and the strength of peer support are interlinked. Nurses share a sense of identity – a sense of belonging to a community of others like themselves with shared characteristics, shared values and common understanding. Burkitt et al (2001) referred to an 'inclusive identity' characterised by caring, compassion, empathy, controlled emotion and personal engagement with the patient. This is a powerful shared social identity and despite the fact that nurses work in different contexts, carrying out different functions and roles, they recognise this shared identity 'as nurse'. It is therefore imperative that HEIs seek to embed the uniqueness of nursing into curricula to ensure that students quickly feel part of the profession.

Although a number of students commented negatively on the quality of support provided by the University, this should be placed in context: the majority of students gave positive feedback on support received. Additionally, the University of Hull (Diploma course) came out 2nd in England in terms of overall satisfaction in the 2009 National Student Survey (NSS 2009). Diploma students in the Faculty showed an increase in satisfaction rate from 2008, moving from 85% to 92%. However, this does not hold for degree students, where satisfaction has fallen from 85% in 2008 to 71% in 2009. The reasons for this change are not immediately apparent, given that in 2008

degree and diploma students had the same overall satisfaction score. Work will be done in the Faculty to examine the possible reasons for this disparity.

Challenges and Limitations

A number of limitations must be considered when attempting to generalise these findings to the wider student nurse population. Firstly, the study took place in a single HEI, which has its own individual characteristics. The majority of nursing students at Hull University are recruited from the local area (notably Hull, the East Riding of Yorkshire and North-East Lincolnshire). Students often come from areas with traditionally low-levels of participation in higher education, and the University has a low proportion of students from Black and Minority Ethnic (BME) groups. In addition to student characteristics varying from other HEIs, it should also be recognised that programmes of study at Hull may have characteristics distinct from other institutions in relation to curricula, placement arrangements and student support.

Secondly, the response rate was relatively low. Though a low response rate was expected for the withdrawn students, it should be appreciated that the 15 ex-students who responded may not reflect the views of the wider population. The response rate for continuing students was more acceptable (32.8%), but response rates were uneven between cohorts (ranging from only 16.8% in September 2006, to 67.1% in September 2007). The reasons for these discrepancies are not clear, but they do bias the findings strongly towards the views of those cohorts with better response rates.

Finally, in relation to the question 'Have you ever considered leaving?', the methodology used resulted in all cohorts being questioned at approximately the same time. However, this meant that each cohort was at a different stage of the programme at the time of questioning. For example, September 2006 students were nearly at the end of their programme and had three years' experience to reflect on. Conversely, the September 2008 cohort was still in their first year at the time of questioning. Experiences and opinions may therefore have differed as a result of this mismatch in experience.

Though not a limitation *per se*, the difficulty in gathering student data is worthy of mention as a significant challenge faced by the investigators. As with all research projects, the quality and reliability of the findings are very much dictated by the quality of the data available. With this particular project, a number of issues became apparent during the data collection stages.

In common with many HEIs, the University of Hull uses different software and media to keep student information. Some is kept within the University's Academic Information System (AIS), some within the Faculty's Nurse Training System (NTS), and some (including much of the application and assessment material) as hard copy files. The three methods of storage lead to significant duplication of data and effort. Conversely, there are also significant gaps in the data kept on students, which has greatly hindered some elements of this project. 807 students were initially identified as meeting the inclusion criteria, but 78 of these (9.7%) had to be excluded due to incomplete data. The issues raised by storing data in parallel systems are not new, and a move towards a single system was advocated in a previous, internal review (Draper, 2008 and progress towards this is on-going. Using AIS as a tool for data collection and

management proved challenging. The difficulties experienced by the team were mirrored in the recent formal audit of AIS which identified several areas of weakness in data and an action plan is currently being implemented.

Processes do exist within the Faculty to gather specific information related to student attrition. Programme boards are responsible for monitoring and approving student progression, and ensure that student record systems are updated appropriately. Students who leave the programme are offered exit interviews to explore their reasons for leaving – a strategy that has proved effective in other institutions. For example, Glossop (2002) reported that exit data was obtained in 78% of students at the University of Glamorgan following the introduction of leaving interviews. However, uptake of exit interviews within the Faculty has historically been limited, resulting in significant gaps in the data.

Conclusion

This study has used three different approaches to exploring the factors underpinning student retention and attrition. The study has highlighted four key areas – risk stratification; ‘push’ factors; ‘pull’ factors; and data quality.

In terms of risk stratification, the analysis of quantitative data on withdrawn students demonstrated that certain student characteristics do appear to increase the risk of non-progression. In particular, older students have a higher rate of progression, as do those with previous experience of caring. Significantly, the difference in the rate of progression between those students entering with level 2 qualifications and those with level 3 was minimal, though students with previous qualifications at level 4 or above did perform better academically. Finally, there was significantly higher risk of non-progression if a student had different home and term-time addresses.

Importantly, the questioning of continuing students demonstrated that even those still on the programme, over 50% had considered leaving the programme at some stage or another. It should therefore be concluded that the majority of students are at some risk of exiting due to personal reasons such as financial pressures.

Some student exits could be considered unavoidable, including those due to major changes in family circumstances or long-term illness. In relation to avoidable exits, the study identified a number of factors that might ‘push’ students towards exiting their programme of study. The main drivers were;

- Financial difficulties
- Difficulty fitting the programme around family commitments
- Unpleasant placement experiences (either due to lack of support or the witnessing of bad practice)
- Difficulty with academic requirements of the programme (sometimes exacerbated by perceived inadequacies in academic supervision)

The fact that a majority of continuing students had considered leaving but chosen to stay, suggested a number of ‘pull’ factors. The main factors that seemed to act against student attrition were:

- Academic, peer and family support
- A strong desire to be a nurse

Carrying out this study has raised significant issues related to the accessibility and completeness of student data. Student information is kept on two parallel computer systems and in hard copy. There is significant duplication in data storage, but also a number of gaps in the information gathered and stored. There is no detailed dataset used to track individual student attrition.

The factors influencing retention are multi-factorial, inter-related and are influenced and exacerbated by internal as well as external factors. Some personal and external factors cannot be either predicted or mitigated against. Indeed some attrition is to be expected as a sign of robust monitoring and quality academic and professional standards. Student satisfaction within the Faculty is very high as evidenced by the recent NSS survey results (NSS 2009) however the study has identified some key areas for action

which have implications locally for the Faculty and also have relevance for other HEI's responsible for the delivery of pre-registration nursing programmes across the region. The findings of this study are being directly fed into the curriculum/programme development and revalidation in preparation for all graduate entry. A significant amount of work has already been undertaken since the last review in 2008 and a number of actions in response to these recommendations are currently on-going.

Recommendations

Recommendation One: HEIs delivering nurse education programmes should not attempt to 'profile' students in such a way that focuses on the identification of 'high-risk' or 'most-at-risk' characteristics. It should be understood that all students are potentially at risk of disengaging from the programme. Instead, HEIs should put in place infrastructure, teaching, learning, assessment and support mechanisms that meet the needs of **all** students and remain responsive to an increasingly diverse and changing student body.

Action: *Information fed into revalidation process*

Recommendation Two: Education and commissioning organisations should recognise the significance of financial difficulties as an underlying cause of students choosing to exit from their programmes of study. HEIs and education commissioners must avoid making organisational financial savings through imposing additional costs on students.

Action: *All students to be signposted to financial support during induction and advised and supported by a dedicated student support lecturer. The faculty will fully implement the new DoH guidance on bursaries*

Recommendation Three: Steps should be taken – where possible – to develop and deliver programmes and curricula that are more flexible and can accommodate family commitments. In addition to solutions such as part-time programmes, HEIs should also consider simple adjustments to programmes to help students with family commitments and responsibilities where timetabling constraints allow (e.g. starting lectures at 9.30 rather than 9.15).

Action: *Information fed into revalidation process*

Recommendation Four: Academic, Personal and Clinical Support structures for students should be robust, transparent and consistent in order that there is equity of experience for all students. Individual responsibility and accountability of staff (supported by staff training and development) should underpin this approach.

Action: *Standards for academic supervision have been introduced faculty wide to ensure consistency. Standards for personal supervision are currently being examined and the issue of clinical support will be taken forward following the establishment of the Practice Learning Unit.*

Recommendation Four (a): Students should have clear guidelines on how to address and report bad practice in clinical practice, and should feel supported when doing so.

Recommendation Four (b): Standards and processes for academic and personal supervision should be clear, and students should have the means to raise concerns if necessary.

Recommendation Four (c): Any student who fails module 1 either theory or practice (Introduction to Nursing and Midwifery Studies and/or Foundations for Practice) should be required to see their personal supervisor as soon as possible. The personal supervisor must ensure that the student is then 'fast-tracked' to relevant support (academic, pastoral or otherwise) to prevent repeated failure.

Action: For the last two cohorts more study skills have been introduced into this module including specialist study skill support for those with additional learning needs. Heads of Department and the project team are currently examining the data relating to results of this particular module in relation to withdrawal categories. This information will be fed into revalidation process and an appropriate system identified for early identification of students who may need additional support or skills

Recommendation Five: HEIs should seek to instil a sense of 'belonging' within their programmes, with peer support enhanced through student groups and mentoring schemes. Peer support is an important 'pull factor' and needs to be capitalised upon and embedded, particularly into induction and throughout the 1st year programme. This is particularly important for all students who need to re-engage with the programme and peers following a period of intercalation.

Action: Information fed into revalidation process (induction)

Recommendation Six: Nursing curricula should emphasise content that embeds the philosophy and values of nursing in students from an early stage and continues to build on this throughout the programme. 'Desire to be a nurse' is a significant 'pull factor' and this should be capitalised upon within the programme and used in marketing and recruitment. This is also relevant to exploring motivation towards a career in nursing during selection processes.

Action: Information fed into revalidation process, marketing recruitment and selection

Recommendation Seven: HEIs should have easy access to a core dataset for all their students. This dataset will allow for both ongoing and retrospective analysis of student retention patterns.

Action: Information fed into revalidation process and University review and action plan for AIS.

Recommendation Eight: HEIs must have clear policies for responding to and analysing student exits. All exiting students should be encouraged to have an exit interview and/or complete a withdrawal form and the data from these retained for audit and analysis purposes. If no exit interview or withdrawal form is completed, then this should be documented on the student records system, and the student followed up via telephone. All HEI's should produce an annual report on retention (in addition to regular reporting of retention figures), highlighting reasons for attrition, lessons learnt from student feedback, and an action plan to mitigate against this.

Action: Information fed into revalidation process

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Appendices

Appendix 1: Questionnaire: withdrawn students

FACULTY OF HEALTH AND SOCIAL CARE

Questionnaire for students who have withdrawn from their programme of study

1. Using the scale below, please indicate how you feel about the following statements.

| | Strongly Agree | Agree | Disagree | Strongly disagree |
|---|----------------|-------|----------|-------------------|
| I left the programme for personal reasons | | | | |
| I would recommend the programme to others | | | | |
| I left the programme for financial reasons | | | | |
| I coped well with the academic work | | | | |
| I enjoyed the programme whilst I was on it | | | | |
| I left because I didn't enjoy clinical placements | | | | |
| I didn't want to leave, but felt I had no choice | | | | |
| The University was very supportive to me | | | | |
| I still want to be a nurse | | | | |
| The programme is family-friendly | | | | |
| I feel let down by the University of Hull | | | | |

2. Could you give some more detail about the reasons why you left the course?

| |
|--|
| |
|--|

3. Could you indicate which sources of support you accessed prior to leaving, and indicate how useful you found them?

| | Did not access | Very useful | Quite useful | Slightly useful | Not at all useful |
|--------------------------------------|----------------|-------------|--------------|-----------------|-------------------|
| Personal supervisor | | | | | |
| Academic supervisor | | | | | |
| University study skills advisor | | | | | |
| Programme leader | | | | | |
| Module leader | | | | | |
| Faculty Student support lecturer | | | | | |
| Disability services | | | | | |
| Finance office | | | | | |
| NHS Bursaries | | | | | |
| Counselling service | | | | | |
| Student Union | | | | | |
| Occupational Health | | | | | |
| Practice Placement Facilitator (PPF) | | | | | |
| Other (please state) | | | | | |

4. Could you comment on the support you received from the Faculty and the University when you were experiencing difficulties?

| |
|--|
| |
|--|

5. Is there anything else the faculty could have done to help you stay on the programme?

| | |
|------------|--|
| Yes | |
| No | |

6. If 'yes', could you describe what additional help and support would have helped you to continue your studies?

| |
|--|
| |
|--|

Thank you for taking the time to complete this.

Please return the questionnaire in the enclosed envelope.

Please send me a copy of the final report.

☐

Appendix 2: Information sheet: withdrawn students

Study information

Dear *(student's name)*

This information sheet is to tell you about some research being undertaken at the University of Hull. Should you agree to take part, all information that you give to us will be treated in the strictest confidence.

Invitation

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and discuss it with others if you wish. If there is anything that you don't understand, or if you would like further information, please contact us.

Thank you for taking time to read this.

What is the purpose of the Study?

The aim of the study is to examine the reasons why some students who start the nursing programmes at the University of Hull do not successfully complete them. Specifically, we are looking at reasons why some students do not successfully complete the first year of the programme.

There are two ways in which you can take part. Firstly, we would like to use information from the Academic Information System (AIS) and Student application forms to find out patterns of non-continuation into the second year. By 'information', we mean your age, gender, ethnic origin, qualifications, postcode, additional needs and/or disability, previous experience of caring, attendance statistics, academic achievement, and reasons for withdrawal from the programme. All this data will be completely anonymous, and there will be no way in which the data can be used to identify you. However, if you object to data being used as part of the project, please contact the project administrator (number below), who will ensure that your data is not included.

We are also inviting you to complete the enclosed questionnaire about the reasons why you left the programme and whether more could have been done to change your decision. The questionnaire should take no longer than 15 minutes to complete. If you need assistance to complete this or would like it in an alternative format, please contact the project administrator.

Why have I been chosen?

You have been chosen to take part because you started your course in September 2006, February 2007, September 2007, February 2008 or September 2008 – the five cohorts included in our study

Do I have to take part?

The decision to take part is entirely voluntary, if you do not wish your data to be used as part of this project, then you can 'opt-out' by contacting the project administrator. If you agree to take part and then, during the course of the project you change your mind,

you can withdraw at any time by contacting the Project Administrator - Jo Carrison - on telephone number 01482 464571, or via email J.Carrison@hull.ac.uk.

What do I have to do?

If you are happy for your data to be used as part of the study, then you do not need to do anything – we are able to use this data without securing explicit consent.

If you wish to participate further and give us your views on the support offered by the University, could you return the completed questionnaire in the enclosed envelope?

Will my taking part in this study be kept confidential?

The responses you make will be treated in the strictest confidence, no one but the research team will have access to the data. The information you provide will not be made public in any way that could reveal your identity to a third party.

What will happen to the results of the research study?

The results of the study will be used to compile a report that will be delivered to the Faculty of Health and Social Care and the Yorkshire and Humber Strategic Health Authority (SHA). Aggregated results will be used for research purposes and may be reported in scientific and academic journals and during conference proceedings.

The results of the project will be placed on the Faculty website. All participants will be informed via email when this is available. If you would like a copy of the report sending to you at the end of the project, then please tick the relevant box on the questionnaire.

Who is organising and funding the study?

The study is being organised by a research team at the Faculty of Health and Social Care, University of Hull, headed by Jane Wray and David Barrett. The funding for the project is being provided jointly by the Faculty of Health and Social Care and the Yorkshire and Humber SHA.

Contact details

If you have any queries, or would like any further information, please contact Jane Wray on 01482 464606 or at j.wray@hull.ac.uk

Yours faithfully

Jane Wray
Research Fellow

Appendix 3: Information sheet: withdrawn students

Study information

Dear *(student's name)*

This information sheet is to tell you about some research being undertaken at the University of Hull. Should you agree to take part, all information that you give to us will be treated in the strictest confidence.

Invitation

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and discuss it with others if you wish. If there is anything that you don't understand, or if you would like further information, please contact us. Thank you for taking time to read this.

What is the purpose of the Study?

The aim of the study is to examine the reasons why some students who start the nursing programmes at the University of Hull do not successfully complete them. Specifically, we are looking at reasons why some students do not successfully complete the first year of the programme.

Participation in the study is very straightforward. We would like to use information from the Academic Information System (AIS) and Student application forms to find out patterns of non-continuation into the second year. By 'information', we mean your age, gender, ethnic origin, qualifications, postcode, additional needs and/or disability, previous experience of caring, attendance statistics, academic achievement, and reasons for withdrawal from the programme. All this data will be completely anonymous, and there will be no way in which the data can be used to identify you. However, if you object to data being used as part of the project, please contact the project administrator (number below), who will ensure that your data is not included.

Why have I been chosen?

You have been chosen to take part because you started your course in September 2006, February 2007, September 2007, February 2008 or September 2008 – the five cohorts included in our study

Do I have to take part?

The decision to take part is entirely voluntary, if you do not wish your data to be used as part of this project, then you can 'opt-out' by contacting the project administrator. If you agree to take part and then, during the course of the project you change your mind, you can withdraw at any time by contacting the Project Administrator - Jo Carrison - on telephone number 01482 464571, or via email J.Carrison@hull.ac.uk.

What do I have to do?

If you are happy for your data to be used as part of the study, then you do not need to do anything – we are able to use this data without securing explicit consent.

Will my taking part in this study be kept confidential?

The responses you make will be treated in the strictest confidence, no one but the research team will have access to the data. The information you provide will not be made public in any way that could reveal your identity to a third party.

What will happen to the results of the research study?

The results of the study will be used to compile a report that will be delivered to the Faculty of Health and Social Care and the Yorkshire and Humber Strategic Health Authority (SHA). Aggregated results will be used for research purposes and may be reported in scientific and academic journals and during conference proceedings.

The results of the project will be placed on the Faculty website. All participants will be informed via email when this is available. If you would like a copy of the report sending to you at the end of the project, then please email or phone the project administrator.

Who is organising and funding the study?

The study is being organised by a research team at the Faculty of Health and Social Care, University of Hull, headed by Jane Wray and David Barrett. The funding for the project is being provided jointly by the Faculty of Health and Social Care and the Yorkshire and Humber SHA.

Contact details

If you have any queries, or would like any further information, please contact Jane Wray on 01482 464606 or at j.wray@hull.ac.uk

Yours faithfully

Jane Wray
Research Fellow

Appendix 4: Questionnaire: continuing students

Questionnaire for continuing students

1. Using the scale below, please indicate how you feel about the following statements related to your course.

| | Strongly Agree | Agree | Disagree | Strongly disagree |
|--|----------------|-------|----------|-------------------|
| I am enjoying my programme of study | | | | |
| I would recommend the programme to others | | | | |
| I have struggled financially during the programme | | | | |
| I feel that I cope well with the academic work | | | | |
| I enjoy clinical placements | | | | |
| The University is very supportive to me | | | | |
| The programme has strengthened my desire to be a nurse | | | | |
| The programme is family-friendly | | | | |

2. Have you ever considered leaving the programme?

| | |
|------------|--|
| Yes | |
| No | |

3. If the answer to question 2 is 'yes' could you explain what factors made you choose to stay?

| |
|--|
| |
|--|

4. Could you indicate which sources of support you have accessed during your programme, and indicate how useful you found them?

| | Did not access | Very useful | Quite useful | Slightly useful | Not at all useful |
|-------------------------------------|----------------|-------------|--------------|-----------------|-------------------|
| Personal supervisor | | | | | |
| Academic supervisor | | | | | |
| University study skills advisor | | | | | |
| Programme leader | | | | | |
| Module leader | | | | | |
| Faculty Student support lecturer | | | | | |
| Disability services | | | | | |
| Finance office | | | | | |
| NHS Bursaries | | | | | |
| Counselling service | | | | | |
| Student Union | | | | | |
| Occupational Health | | | | | |
| Practice Learning Facilitator (PLF) | | | | | |
| Other (please state): | | | | | |

5. Are there any other comments that you would like to make about the support you have received from the University during your programme?

| |
|--|
| |
|--|

6. Is there any additional support that the Faculty of Health and Social Care and University of Hull could offer to students on nursing programmes?

| | |
|------------|--|
| Yes | |
| No | |

7. If 'yes', could you describe what additional help and support would be beneficial?

| |
|--|
| |
|--|

Thank you for taking the time to complete this.

Appendix 5: Information sheet: continuing students

Study information (continuing students)

Dear Colleague

This information sheet is to tell you about some research being undertaken at the University of Hull. Should you agree to take part, all information that you give to us will be treated in the strictest confidence.

Invitation

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and discuss it with others if you wish. If there is anything that you don't understand, or if you would like further information, please contact us.

Thank you for taking time to read this.

What is the purpose of the Study?

The aim of the study is to examine the reasons why some students who start the nursing programmes at the University of Hull do not successfully complete them. Specifically, we are looking at reasons why some students do not successfully complete the first year of the programme.

There are two ways in which you can take part. Firstly, we would like to use information from the Academic Information System (AIS) and Student application forms to find out patterns of continuation into the second year. By 'information', we mean your age, gender, ethnic origin, qualifications, postcode, additional needs and/or disability, previous experience of caring, academic achievement, and attendance statistics. All this data will be completely anonymous, and there will be no way in which the data can be used to identify you. However, if you object to data being used as part of the project, please contact the project administrator (number below), who will ensure that your data is not included.

We are also inviting you to complete an on-line questionnaire about the reasons why students may feel that they need to leave the programme, and the reasons why they decide to stay. The questionnaire should take no longer than 15 minutes to complete. If you need assistance to complete this or would like it in an alternative format, please contact the research team.

Why have I been chosen?

You have been chosen to take part because you started your course in September 2006, February 2007, September 2007, February 2008 or September 2008 – the five cohorts included in our study

Do I have to take part?

The decision to take part is entirely voluntary, if you do not wish your data to be used as part of this project, then you can 'opt-out' by contacting the project administrator. If you agree to take part and then, during the course of the project you change your mind, you can withdraw at any time by contacting the Project Administrator - Jo Carrison - on telephone number 01482 464571, or via email J.Carrison@hull.ac.uk.

What do I have to do?

If you are happy for your data to be used as part of the study, then you do not need to do anything – we are able to use this data without securing explicit consent.

If you wish to take part in the questionnaire, it can be found on a Blackboard site devoted to this study that you have been given access to. If you go to the 'Student retention study' site from your Blackboard homepage, then you will see a section marked 'Questionnaire' – instructions for completion can be found here

Will my taking part in this study be kept confidential?

The responses you make will be treated in the strictest confidence, no one but the research team will have access to the data. The information you provide will not be made public in any way that could reveal your identity to a third party.

What will happen to the results of the research study?

The results of the study will be used to compile a report that will be delivered to the Faculty of Health and Social Care and the Yorkshire and Humber Strategic Health Authority (SHA). Aggregated results will be used for research purposes and may be reported in scientific and academic journals and during conference proceedings.

Results of the study will be posted on the Faculty website and Virtual Learning Environment. All students will be informed via email when this is available.

Who is organising and funding the study?

The study is being organised by a research team at the Faculty of Health and Social Care, University of Hull, headed by Jane Wray and David Barrett. The funding for the project is being provided jointly by the Faculty of Health and Social Care and the Yorkshire and Humber SHA.

Contact details

If you have any queries, or would like any further information, please contact Jane Wray on 01482 464606 or at j.wray@hull.ac.uk

Yours faithfully

Jane Wray
Research Fellow

Appendix 6: NVivo data on continuing student responses

1. Decision to stay, and support given (144 sources)

| | | | | | |
|--|----|---|----|--------------------------|----|
| POSITIVE (117) | | | | | |
| Career | 41 | <i>Can change career if necessary</i> | 1 | | |
| | | <i>Desire to be nurse</i> | 36 | | |
| | | <i>Financial benefits</i> | 6 | | |
| | | <i>Nursing better than alternatives</i> | 2 | | |
| Course | 24 | <i>Able to re-sit or intercalate</i> | 2 | | |
| | | <i>Academic success</i> | 5 | | |
| | | <i>Desire to finish course/not waste time</i> | 11 | | |
| | | <i>Enjoying course</i> | 3 | | |
| | | <i>Placements</i> | 4 | | |
| Personal attributes | 31 | <i>Determination, passion, will power</i> | 27 | | |
| | | <i>Fear or perceived fear of failure</i> | 8 | | |
| Support | 89 | <i>Support from others</i> | 45 | Colleagues and friends | 32 |
| | | | | Family | 27 |
| | | | | Access to Learning | 1 |
| | | | | Other professional help | 1 |
| | | | | Qualified nurses | 1 |
| | | <i>University support staff</i> | 63 | Academic supervisor | 16 |
| | | | | Advice centre | 1 |
| | | | | All or undisclosed staff | 20 |
| | | | | Counselling service | 2 |
| | | | | Disability services | 3 |
| | | | | Helpdesk | 3 |
| | | | | Lecturers | 2 |
| | | | | Mentor | 3 |
| | | | | Occupational health | 2 |
| | | | | Personal supervisor | 27 |
| | | | | PLF/PPF | 2 |
| | | | | Programme leader | 3 |
| | | | | Student support lecturer | 2 |
| | | | | Study skills advice | 7 |
| NEGATIVE (83) | | | | | |
| Accommodation | 1 | | | | |
| Career | 1 | | | | |
| Childcare | 6 | | | | |
| Course | 25 | <i>Academic failure/stress</i> | 17 | | |
| | | <i>Course problems</i> | 12 | | |
| Disability | 2 | | | | |
| Family | 6 | | | | |
| Financial | 25 | | | | |
| Health | 2 | | | | |
| Life-work-study balance | 14 | | | | |
| Personal | 3 | | | | |
| Placement | 9 | | | | |
| Sexism | 1 | | | | |
| Southbank issues | 3 | | | | |
| Support | 39 | <i>Support staff</i> | 39 | Academic supervisor | 17 |
| | | | | All staff | 1 |
| | | | | Finance office | 1 |
| | | | | Lecturer | 2 |
| | | | | Personal supervisor | 5 |
| | | | | PLF/PPF | 9 |
| | | | | Support: specific issues | 9 |
| NEUTRAL (10) | | | | | |
| Support available but need help accessing | 3 | | | | |
| Support available but not needed or accessed | 6 | | | | |
| Support available, minimal accessed | 1 | | | | |
| Support dependent on branch | 1 | | | | |

2. Suggestions for improved or further support (71 sources)

| | | | |
|--|----|--|---|
| Childcare/family friendly course | 8 | | |
| Facilities | 2 | | |
| Financial | 26 | | |
| Improved access to/info on support staff | 11 | | |
| Improved staff attitude | 4 | | |
| Improved support/info | 26 | <i>on academic failure</i> | 2 |
| | | <i>on assessments</i> | 8 |
| | | <i>on exams</i> | 2 |
| | | <i>on finding employment</i> | 3 |
| | | <i>on joining in 2nd year</i> | 2 |
| | | <i>on moving dip to degree</i> | 2 |
| | | <i>on placements</i> | 6 |
| | | <i>on time out</i> | 1 |
| | | <i>study skills support</i> | 2 |
| Lectures | 3 | | |
| Peer support networks | 7 | | |
| Personal supervisor system | 5 | | |
| Placement | 2 | | |
| Pre-course information | 5 | | |
| Southbank issues | 5 | | |
| Widening participation | 1 | | |